

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**



AIR FORCE INSTRUCTION 90-5001

25 JANUARY 2019

Incorporating Change 1, 21 October 2021

Special Management

INTEGRATED RESILIENCE

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing web site at www.e-Publishing.af.mil.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AF/A1Z

Certified by: AF/A1Z
(Brig Gen Michael E. Martin)

Supersedes: AFI90-501, 14 August 2014;
AFI90-505, 8 June 2018; and AFI90-506, 2
April 2014

Pages: 48

This publication implements Air Force Policy Directive 90-50, *Integrated Resilience* and is consistent with Department of Defense Instruction (DoDI) 1342.22, *Military Family Readiness*; DoDI 6400.09, *DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm*; DoDI 6490.16, *Defense Suicide Prevention Program*; augments the Chairman of the Joint Chiefs of Staff Instruction 3405.01, *Chairman's Total Force Fitness Framework*; and formalizes personal resilience and risk management efforts as recommended in the Air Force Follow-On Review 100930-060, *Protecting the Force: Lessons From Fort Hood*. This publication applies to all levels of command of U.S. Space Force and all Air Force organizations and components including Regular Air Force, Air Force government civilian personnel, and United States Air Force Academy. Air National Guard and Air Force Reserve will comply to the extent they are capable of providing the required services. Joint Base environments should be included whenever possible. All references to Airmen also apply to Guardians. This publication requires the collection and/or maintenance of information protected by the Privacy Act of 1974. The authorities to collect and/or maintain the records prescribed in this publication are Title 10 United States Code 136, Under Secretary of Defense for Personnel and Readiness, and Title 10 United States Code 9013, Secretary of the Air Force. The applicable Privacy Act SORN for collection of information on military personnel suicide or self-directed violence is EDHA 20 DoD, Department of Defense Suicide Event Report (DoDSER) System. In addition to those disclosures generally permitted under Title 5 United States Code Section 552a (b) of the Privacy

Act of 1974, these records, or information contained therein, may specifically be disclosed outside the Department of Defense (DoD) as a routine use pursuant to Title 5 United States Code Section 552a (b) (3) as follows: Statistical summary data with no personally identifiable information may be provided to federal, state, and local governments for health surveillance and research. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the Air Force Form 847, *Recommendation for Change of Publication*; route Air Force Form 847 from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all supplements must be routed to the Office of Primary Responsibility for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“**T-0, T-1, T-2, T-3**”) number following the compliance statement. See Department of the Air Force Instruction 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication Office of Primary Responsibility (OPR) for non-tiered compliance items.

SUMMARY OF CHANGES

This interim change revises AFI 90-5001 by adding *Integrated Prevention policies per DoD Policy on Integrated Primary Prevention of Self-Directed harm and Prohibited Abuse*, 11 September 2020 and updating the OPR status for operations and training per MOU between A1Z and AFPC/DPFZ. A margin bar (|) indicates newly revised material.

Chapter 1—PROGRAM OVERVIEW	4
1.1. Establishes guidance for resilience and the primary prevention of interpersonal and self-directed violence (hereafter violence prevention) programs and activities and Community Action Board and Community Action Team functions at each level of the Air Force.	4
1.2. Background.	4
1.3. Comprehensive Airman Fitness (CAF).	4
Table 1.1. Comprehensive Airman Fitness Domains and Tenets	5
1.4. Resilience Program.	5
1.5. Violence Prevention Program.	5
1.6. Community Action Board (CAB) and Community Action Team (CAT).....	5
1.7. Applicability and Scope.....	5
Chapter 2—ROLES AND RESPONSIBILITIES	6
2.1. Headquarters Air Force.....	6
2.2. MAJCOMs and Organizations Above Wing Level	9

2.3.	Installation Level	14
Chapter 3—TRAINING		24
3.1.	Training Overview.....	24
3.2.	Training Tracking.	24
3.3.	Total Force Training Requirements.	24
3.4.	Resilience and Violence Prevention Personnel and Support Personnel Training Requirements.	25
Chapter 4—COMMUNITY ACTION BOARD AND COMMUNITY ACTION TEAM		27
4.1.	Overview.....	27
4.2.	General Requirements.....	27
4.3.	Responsibilities and Functions.	29
Table 4.1.	Community Action Board/Community Action Team: Membership and Frequency.....	32
Chapter 5—SUICIDE PREVENTION PROGRAM		34
5.1.	Requirement.....	34
5.2.	Purpose.	34
5.3.	General Requirements.....	34
5.4.	Air Force Suicide Prevention Program 11 Elements.	36
Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION		39

Chapter 1

PROGRAM OVERVIEW

1.1. Establishes guidance for resilience and the primary prevention of interpersonal and self-directed violence (hereafter violence prevention) programs and activities and Community Action Board and Community Action Team functions at each level of the Air Force. Note: For the purpose of this publication, resilience focuses on the Total Force's quality of life and their ability to withstand, recover, and grow in the face of stressors and changing demands to accomplish the Air Force mission.

1.1.1. Recognizes that programs and activities that support resilience and violence prevention are key elements of the Comprehensive Airman Fitness (CAF) framework. This framework supports the well-being of Total Force members while sustaining their ability to accomplish the Air Force mission.

1.1.2. Establishes command relationships, authorities, and responsibilities that empower leaders and Airmen to foster dignity, mutual respect, inclusion, and trust.

1.1.3. Assigns roles and responsibilities to Air Force stakeholders and functional agencies. This includes Major Command (MAJCOM) Community Support Program Managers (CSPM), installation Community Support Coordinators (CSC), MAJCOM Violence Prevention Program Managers (VPPM), and installation Violence Prevention Integrators (VPI).

1.1.4. Provides the authority and criteria to establish and implement Air Force, MAJCOM, and installation Community Action Boards (CAB) and Community Action Teams (CAT).

1.1.5. Establishes requirements for programs and activities that support resilience and violence prevention (e.g., training and education).

1.2. Background. Interpersonal and self-directed violence have a profound and negative effect on our Airmen, families, communities, and ultimately our mission readiness. These forms of violence are inconsistent with our Core Values. In response, the Air Force established the Integrated Resilience Directorate (AF/A1Z) at the headquarters level to integrate and consolidate programs and activities that support resilience and violence prevention. This includes eliminating ineffective redundancies, streamlining multiagency communication and collaboration, and implementing evidence-based policy, practices, programs, and processes best suited for the Air Force. The Air Force is committed to the CAF framework that prioritizes Airmen's well-being and performance, and the overall sustainment of a resilient and ready Total Force.

1.3. Comprehensive Airman Fitness (CAF). CAF is a holistic, strength-based, and integrated framework that plays a role in sustaining a fit, resilient, and ready force. It includes fitness in the mental, physical, social, and spiritual domains, and incorporates the Wingman concept of Airmen taking care of Airmen. CAF is not a standalone program, but encompasses multiagency programs and activities across the Air Force. It is a cultural shift in how we view and maintain fitness in a more comprehensive manner and enables Airmen to hold each other accountable against Air Force Core Values. Leaders and individuals throughout the Total Force are to understand, support, and promote the CAF framework. Refer to [Table 1.1](#) for the four domains and their corresponding tenets.

Table 1.1. Comprehensive Airman Fitness Domains and Tenets

Fitness Domain	Domain Tenets
Mental	Awareness – Adaptability – Decision Making – Positive Thinking
Physical	Endurance – Recovery – Nutrition – Strength
Social	Communication – Connectedness – Social Support – Teamwork
Spiritual	Core Values – Perseverance – Perspective – Purpose

1.4. Resilience Program. The Resilience Program equips Airmen with the knowledge, skills, and tools required to continually assess and adjust to their environment. It empowers Airmen to maintain the necessary balance of cognitive skills, physical endurance, emotional stamina, social connectedness, and spiritual well-being to thrive and carry out the Air Force mission. The Resilience Program is led by MAJCOM CSPMs and installation CSCs. **Note:** At Reserve Command host installations and for Air National Guard (ANG), resilience programs are led by a member selected by the Wing Commander as an additional duty.

1.5. Violence Prevention Program. The Violence Prevention Program focuses on non-clinical prevention of interpersonal and self-directed violence—stopping it before it occurs. It collaboratively identifies, implements, and assesses public health-informed and evidence-based prevention policies, practices, programs, and processes to eliminate interpersonal and self-directed violence. This involves an integrated, multiagency, and collaborative approach with other Air Force programs (e.g., Suicide Prevention Program, Sexual Assault Prevention and Response Program, Family Advocacy Program, Equal Opportunity, Diversity and Inclusion and other programs as appropriate) on prevention efforts. Ultimately, these efforts contribute to the well-being of Airmen, their performance, and a ready Total Force. The Violence Prevention Program is led by MAJCOM Violence Prevention Program Managers (VPPM) (if available) and installation Violence Prevention Integrator (VPI). Refer to [Attachment 1](#) for definitions and distinctions between prevention, intervention, and treatment. Interpersonal and self-directed violence includes sexual assault, dating violence, family violence, workplace violence, and suicide. Refer to [Attachment 1](#) for definitions of the forms of interpersonal and self-directed violence.

1.6. Community Action Board (CAB) and Community Action Team (CAT). CABs and CATs are senior leader driven forums to identify and resolve quality of life issues impacting Total Force readiness. These forums incorporate and reinforce the CAF framework. They promote collaboration among helping agencies to reduce redundancies, identify gaps in service, and develop and implement local solutions to support the Total Force. Refer to [Chapter 4](#) for additional guidance.

1.7. Applicability and Scope. This publication supersedes all regulatory and policy guidance within the Air Force that is not expressly mandated by law or inconsistent with this publication. MAJCOM, Direct Reporting Unit, Field Operating Agency, installation, or Wing supplements must be provided to and approved by AF/A1Z. (T-1).

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Headquarters Air Force

2.1.1. **Assistant Secretary of the Air Force, Manpower and Reserve Affairs (SAF/MR)** provides strategic, long-range, personnel and manpower oversight for policies that impact the health and well-being of Regular Air Force, Reserve, Air National Guard, and civilian members to include families. SAF/MR advocates for DoD policy and legislative changes through the Office of Secretary of Defense to promote and sustain the Comprehensive Airman Fitness (CAF) framework.

2.1.2. **General Counsel (SAF/GC)** establishes legal policy and provides legal oversight and guidance for all aspects of programs and activities that support resilience and violence prevention.

2.1.3. **Inspector General (SAF/IG)** provides administrative guidance and oversight to the Air Force Office of Special Investigations (AFOSI) in accordance with Headquarters Air Force Mission Directive 1-20, *The Inspector General*.

2.1.4. **Director of Public Affairs (SAF/PA)** provides official guidance and support on matters related to the Resilience and Violence Prevention Programs, and the Community Action Boards (CAB) and Community Action Teams (CAT) in accordance with Headquarters Air Force Mission Directive 1-28, *Director of Public Affairs*.

2.1.5. **Vice Chief of Staff of the Air Force (AF/CV)** establishes and chairs the Air Force Community Action Board (CAB), sets CAB membership policy at all levels, and resources requirements. AF/CV directs new initiatives through the Air Force CAB to respond to emerging resilience and violence prevention trends and findings.

2.1.6. **Deputy Chief of Staff, Manpower, Personnel and Services (AF/A1)** provides guidance and oversight for all matters pertaining to the formulation, review, and execution of plans, policies, programs, personnel, and budgets addressing resilience, violence prevention, and CABs/CATs. AF/A1 provides functional oversight, guidance, and policy for the Deployment Transition Center processes. **Note:** Deployment Transition Centers augment existing Air Force redeployment and post-deployment programs by providing critical reintegration and decompression time to meet the needs of Airmen regularly exposed to significant risk of death in direct combat or regularly exposed to traumatic events. Deployment Transition Centers are not a Mental Health Treatment Center and will not be used to duplicate existing programs.

2.1.7. **Director, Integrated Resilience (AF/A1Z)** oversees and implements the Air Force's Resilience Program, Violence Prevention Program, and CAB/CAT. This includes incorporating and reinforcing the Prevention and CAF frameworks as appropriate.

2.1.7.1. Resource programs and activities that support resilience and violence prevention under its purview. This includes reporting on program accomplishments and outcomes.

2.1.7.2. Provide standardized policies, practices, and programs and activities that support resilience and violence prevention and for the role of Community Support Program Manager (CSPM), Community Support Coordinator (CSC), Violence Prevention Program

Manager (VPPM), and Violence Prevention Integrator (VPI). This also includes any other personnel or functions identified to assist in the implementation of programs and activities that support resilience and violence prevention in accordance with this publication.

2.1.7.3. Represent the Air Force on Department of Defense (DoD) and Sister Service working groups (e.g., Integrated Product Teams) related to resilience and violence prevention when requested.

2.1.7.4. Develop and implement evidence-based programs and activities that support resilience and violence prevention policies, plans, programs, research, assessments, and communication. This includes incorporating and reinforcing strength-based approaches and the CAF framework.

2.1.7.5. Develop education, training, and awareness materials for the Total Force that support resilience and violence prevention.

2.1.7.6. Provide Airmen with skills, tools, and resources with fidelity to meet their needs at the right time that support resilience and violence prevention.

2.1.7.7. Encourage early help-seeking behaviors with Airmen and reduce and eliminate stigma.

2.1.7.8. Reduce risk factors and promote protective factors to prevent multiple forms of interpersonal and self-directed violence. This includes encouraging healthy and adaptive behaviors.

2.1.7.9. Ensure programs and activities that support resilience and violence prevention are coordinated with and integrated through CABs/CATs.

2.1.7.10. Engage government, academia, and industry to advance evidence-based programs and activities that support resilience and violence prevention.

2.1.7.11. Develop and/or approve required training for CSPMs/CSCs, VPPMs/VPIs, and other personnel (where appropriate) in the implementation of this publication.

2.1.7.12. Develop and standardize metrics and methods (e.g. tools and instruments) to measure the effectiveness of programs and activities that support resilience and violence prevention.

2.1.7.13. Ensure aggregate violence prevention data elements (may include, protective and risk factors, sexual assault, intimate partner violence, child maltreatment, harassment and suicide) required for identifying and understanding trends are made available to VPPMs/VPIs. **Note:** Data collected will not be used to determine prevalence estimates in accordance with DoDI 6400.09. (T-0).

2.1.7.14. Provide policy and guidance on funding and spending for the Resilience Program, Violence Prevention Program, and CABs/CATs in accordance with AFI 65-601 V1, *Budget Guidance and Procedures*.

2.1.7.15. Coordinate with the Inspector General on the Resilience Program, Violence Prevention Program, and CAB/CAT efforts as appropriate.

2.1.7.16. Serve as the Office of Primary Responsibility (OPR) for the Air Force Sexual Assault Prevention and Response Program.

2.1.7.17. Serve as the OPR for non-clinical integrated prevention elements of the Air Force Suicide Prevention Program. This includes guiding VPPMs/VPIs on implementing and managing the Suicide Prevention Program and coordinating with the medical community.

2.1.7.17.1. Ensure compliance with DoD requirement by establishing Air Force policies, standards, and procedures for the primary prevention of suicide.

2.1.7.17.2. Ensure Air Force data for suicides and suicide attempts are entered into the DoD Suicide Event Report database utilizing DoD Form 2996, *Department of Defense Suicide Event Report*, as required. **(T-0)**.

2.1.7.17.3. Develop and implement suicide prevention education and training (whether as a standalone or as part of an integrated violence prevention training) as required. This includes encouraging family members to attend suicide prevention training. Refer to **Chapter 3** for additional guidance.

2.1.7.17.4. Ensure uniformed Airmen and their families, Air Force civilian personnel, and contractors are aware of suicide prevention resources on installations.

2.1.7.17.5. Represent the Air Force on the DoD Suicide Prevention and Risk Reduction Committee and on other DoD and external meetings.

2.1.7.17.6. Designate personnel to manage and implement the Air Force Suicide Prevention Program. **(T-0)**. **Note:** The Air Force Suicide Prevention Program Manager and installation VPIs (primary prevention elements) will serve in the capacity of the DoD required Suicide Prevention Program Manager.

2.1.7.17.7. Provide quarterly and annual suicide data to the Armed Forces Medical Examiner as required by DoD. This includes reporting military dependents suicide data (aggregate sums only) on a quarterly basis.

2.1.7.17.8. Collaborate with DoD, Sister Services, National Guard Bureau, academia, industry, and other key stakeholders to share and coordinate on suicide prevention research and evidence-based programs and activities.

2.1.7.17.9. Analyze Air Force entries in the DoD Suicide Event Report to provide standardized suicide metrics to the Air Force CAB/CAT.

2.1.7.17.10. Review cases forwarded by MAJCOMs with possible Air Force-wide implications to brief the Air Force CAB and/or Headquarters Air Force leadership. This will be done in consultation with Air Force CAB/CAT member agencies as necessary.

2.1.8. Air Force Personnel Center, Directorate of Airman and Family Care (AFPC/DPFZ), provides operational guidance to VPPM/VPI, Community Support Program Manager (CSPM)/Community Support Coordinator (CSC) and CABs/CATs on violence prevention and resilience programs and activities. Operational guidance includes developing, implementing, and managing training; providing evidence-based prevention and resilience activities and resources; and developing supplemental guidance in coordination with and approval from AF/A1Z.

2.1.9. **Judge Advocate General (TJAG, AF/JA)** executes legal policy and provides legal oversight and guidance for all aspects of programs and activities that support resilience and

violence prevention. AF/JA also ensures installation military justice data elements required for identifying and understanding trends related to a breakdown in discipline are made available to CSPMs/CSCs and VPPMs/VPIs.

2.1.10. Surgeon General (AF/SG) provides oversight for Air Force healthcare policies and the physical and mental (e.g., treatment, secondary and tertiary prevention, and monitoring aspects) domains of CAF. AF/SG ensures aggregate health information data elements required for identifying and understanding trends related to Airmen comprehensive fitness are made available to CSPMs/CSCs and VPPMs/VPIs. AF/SG also ensures appropriate functional agencies participate on CABs/CATs, provides subject matter expertise, and enters suicide and suicide attempts into the DoD Suicide Event Report. **Note:** For ANG, appropriate personnel will be selected by the Wing Commander to support this function.

2.1.11. Chief of Chaplains (AF/HC) provides oversight for Chaplain Corps policies and advises leaders on the spiritual domain of CAF while contributing substantially to the other three domains. AF/HC ensures appropriate personnel participate on CABs/CATs and that aggregate spiritual health data elements required for identifying and understanding trends related to Airmen comprehensive fitness are made available to CSPMs/CSCs and VPPMs/VPIs.

2.1.12. Deputy Chief of Staff, Logistics, Engineering and Force Protection (AF/A4) provides oversight for security and law enforcement policies, guidelines, and procedures on interpersonal and self-directed violence. AF/A4 ensures appropriate personnel participate on CABs/CATs and that aggregate data elements required for identifying and understanding trends related to Airmen comprehensive fitness are made available to VPPMs/VPIs.

2.1.13. Chief of Air Force Reserve (AF/RE) implements, resources, and reports on programs that support resilience and violence prevention for Air Force Reserve personnel in accordance with this publication. This includes ensuring Reserve personnel are appropriately trained in programs and activities that support resilience and violence prevention.

2.1.14. Director, Air National Guard (NGB/CF) implements, resources, and reports on programs that support resilience and violence prevention for Air National Guard (ANG) personnel in accordance with this publication and appropriate National Guard Bureau policy. This includes ensuring ANG personnel are appropriately trained in programs and activities that support resilience and violence prevention.

2.1.15. Headquarters Air Education and Training Command (HQ AETC) develops and distributes, in coordination with AF/A1Z, training and materials that support resilience and violence prevention for all levels of accession, technical training, and professional military education. HQ AETC manages the in-residence Master Resilience Trainer Course based on need and available funding.

2.1.16. United States Air Force Academy (USAFA) develops and distributes, in coordination with AF/A1Z, training and materials that support resilience and violence prevention to academy personnel, cadets, and other personnel as appropriate.

2.2. MAJCOMs and Organizations Above Wing Level

2.2.1. MAJCOM Deputy Commanders will:

2.2.1.1. Implement programs and activities that support resilience and violence prevention and MAJCOM Community Action Board (CAB) and Community Action Team (CAT) consistent with this publication. This includes encouraging help-seeking and resilience activities, proactively preventing interpersonal and self-directed violence, and reinforcing Airmen conduct as directed in AFI 1-1, *Air Force Standards*. Monitor command climate; model healthy and safe relationships; promote a culture of dignity, respect, inclusion and connectedness; and foster an environment that promotes help seeking and reduces stigma, in accordance with DoDI 6400.09. (T-0).

2.2.1.2. Ensure Community Support Program Managers (CSPM) and Violence Prevention Program Managers (VPPM) (where assigned) have direct access to them. This includes ensuring the MAJCOM Resilience Program and Violence Prevention Program (e.g., Suicide Prevention Program) are implemented.

2.2.1.3. Serve as the MAJCOM CAB Chair. This responsibility will not be delegated any further. (T-1). Refer to [Chapter 4](#) for additional guidance. The CAB Chair will:

2.2.1.3.1. Participate on the Air Force CAB meetings.

2.2.1.3.2. Chair MAJCOM CAB meetings and direct new initiatives to respond to emerging resilience and violence prevention trends and findings.

2.2.1.3.3. Select the CSPM (or appropriate personnel when a CSPM is not available) as the CAB Executive Director and the CAT Chair.

2.2.1.3.4. Designate the CSPM (or appropriate personnel when a CSPM is not available) as the office of record.

2.2.1.3.5. Invite installation CAB Chairs and a MAJCOM senior spouse to participate on MAJCOM CAB meetings.

2.2.1.4. Serve as the MAJCOM Suicide Analysis Board (SAB) Convening Authority. Refer to [Chapter 5](#) for additional guidance.

2.2.1.4.1. Appoint in writing a SAB Board President and Board Members for each MAJCOM SAB conducted. The Board President will be a senior leader from a MAJCOM Staff (or equivalent).

2.2.1.4.2. Ensure participation from the Command Chief and MAJCOM representatives from the Judge Advocate, Surgeon General, AFOSI, Chaplain, and Civilian Personnel (only for Air Force civilian suicides). **Note:** For Reservists or Guardsmen who die by suicide, the MAJCOM will coordinate with the Air Force Reserve Command or ANG.

2.2.1.4.2.1. To respect the privacy of decedents, the Convening Authority, with careful consideration, may appoint Board Members from other MAJCOM representatives as appropriate (e.g., Casualty Affairs/Mortuary Affairs, Equal Opportunity, Safety, Inspector General, etc.).

2.2.1.4.2.2. The Convening Authority or Board President may utilize the VPPM (if available) to provide logistical and administrative support (e.g., compile the aggregate Suicide Analysis Board Report).

- 2.2.1.4.3. Ensure MAJCOM level SABs are conducted at least annually, and as directed by the Air Force CAB and/or AF/A1Z.
- 2.2.1.4.4. Ensure Total Force suicide deaths with a completed and closed investigation are reviewed within their respective MAJCOM.
- 2.2.1.4.5. Ensure that Protected Health Information of Active Duty decedents is made available to the SAB for the sole purpose of suicide death reviews as an activity necessary to the proper execution of the mission of the Armed Forces pursuant to Department of Defense Manual 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs*. Information will be limited to the minimum necessary to accomplish the purpose of the disclosure.
- 2.2.1.4.6. Ensure information received, discussed, or produced by the SAB is not released nor disclosed without the prior consent of the Convening Authority.
- 2.2.1.4.7. Ensure SAB members only receive information relevant and necessary to conduct the suicide case reviews to protect the privacy of the decedent and the decedent's surviving family members to the greatest extent possible while looking to prevent future suicides.
- 2.2.1.4.8. Ensure a SAB Report is submitted to AF/A1Z by the end of each calendar year.
- 2.2.1.5. Ensure resilience and violence prevention training and tracking is conducted in accordance with [Chapter 3](#).
- 2.2.1.6. Ensure fiscal programs, budgets, and financial plans are developed for the Resilience Program and Violence Prevention Program. Information copies of financial plans will be forwarded to AF/A1Z.
- 2.2.2. MAJCOM Community Support Program Managers (CSPM) will:**
- 2.2.2.1. Administer their respective MAJCOM Resilience Program and CAB/CAT. This includes providing functional oversight and guidance to installation CSCs on this publication.
- 2.2.2.2. Have direct access to the MAJCOM Deputy Commander and Senior Enlisted Advisor.
- 2.2.2.3. Serve as the OPR for resilience programs and activities and provide guidance to senior leadership and to MAJCOM CAB/CAT members on resilience.
- 2.2.2.4. Ensure compliance with DoD and Air Force standards, policies, guidance, and communication for resilience as appropriate.
- 2.2.2.5. Collaborate and coordinate with the VPPM (where available) on resilience programs and activities and MAJCOM CAB/CAT initiatives.
- 2.2.2.6. Serve as both the MAJCOM CAB Executive Director and CAT Chair. **Note:** This applies to full time CSPM positions. If a CSPM is not available, the CAB Chair will select a CAB Executive Director and a CAT Chair from the MAJCOM CAT to serve at a minimum of two years in the position, or at the discretion of the CAB Chair. The selected

CAB Executive Director and CAT Chair will not be from the same functional agencies and will not dually serve as their functional agency's CAT representative. ANG will select personnel as appropriate. Refer to [Chapter 4](#) for additional guidance.

- 2.2.2.6.1. Prepare and distribute agendas and keep minutes for all CAB/CAT meetings.
- 2.2.2.6.2. Coordinate forums or other activities that support resilience and violence prevention as directed by the Air Force and MAJCOM CABs, and/or AF/A1Z.
- 2.2.2.6.3. Promote multiagency collaboration between CAB/CAT members.
- 2.2.2.6.4. Ensure continuous focus remains on building and sustaining resilience and preventing interpersonal and self-directed violence.
- 2.2.2.6.5. Prepare and submit an executive summary to their MAJCOM CAB that provides a year-end analysis of issues that were addressed.
- 2.2.2.7. Oversee the overall development and implementation of the MAJCOM Community Action Plans. Refer to [Chapter 4](#) for additional guidance.
- 2.2.2.8. Complete the following training:
 - 2.2.2.8.1. **(Newly assigned)** initial training.
 - 2.2.2.8.2. **(Newly assigned)** new member CAB/CAT orientation. Refer to [Chapter 4](#) for additional guidance.
 - 2.2.2.8.3. Annual refresher training as directed by AFPC/DPFZ.
 - 2.2.2.8.4. Master Resilience Trainer training.
 - 2.2.2.8.5. Professional development training as directed by AFPC/DPFZ.
- 2.2.2.9. Ensure CSCs implement installation Resilience Programs, training, and CABs/CATs.
- 2.2.2.10. Provide guidance and support to CSCs on resilience programs and activities, CAB/CAT, Community Action Plans (CAP), Community Feedback Tool (CFT), and other issues as needed.
- 2.2.2.11. Comply with data calls and other requests as directed by the Air Force CAB and/or AF/A1Z.
- 2.2.2.12. Manage the Resilience Program budget in accordance with AFI 65-601 V1.
- 2.2.3. **MAJCOM Violence Prevention Program Managers (VPPM)** will:
 - 2.2.3.1. Administer their respective MAJCOM Violence Prevention Program. This includes providing functional oversight and guidance to installation Violence Prevention Integrators (VPI) on this publication. **Note:** VPPMs are not AF/A1Z funded positions and will only exist when funded by the MAJCOM Deputy Commander. MAJCOM Deputy Commanders may assign these duties to CSPMs or other appropriate personnel. Air Force Reserve Command (AFRC) functional oversight applies to Reserve Command host installations. The AFRC functional will work collaboratively with other MAJCOMs to ensure coordinated program guidance is provided to all Air Force Reserve organizations. ANG will select appropriate personnel to implement these duties as needed.

2.2.3.2. Have direct access to the MAJCOM Deputy Commander and Senior Enlisted Advisor.

2.2.3.3. Serve as the OPR for violence prevention programs and activities and provide guidance to senior leadership and to MAJCOM CAB/CAT members on violence prevention.

2.2.3.4. Serve as the OPR for the non-clinical prevention responsibilities of the MAJCOM Suicide Prevention Program or Field Command Suicide Prevention Program in coordination and collaboration with the Behavioral Health Consultants (or designee), CSPM, and other CAT agencies as appropriate. This includes ensuring overall suicide prevention program compliance and coordination with the MAJCOM CAB/CAT. Refer to [Chapter 5](#) for additional guidance.

2.2.3.4.1. Confirm with MAJCOM Behavioral Health Consultants (or designee) that suicides and suicide attempts are entered into the DoD Suicide Event Report. **Note:** VPPMs will not be authorized to access the DoD Suicide Event Report to enter or retrieve suicide or suicide attempt data.

2.2.3.4.2. Ensure installation VPIs provide support to the Director of Psychological Health in obtaining suicide and suicide attempt data from Air Force Office of Special Investigations (AFOSI) and Squadron/Unit Commanders (or civilian equivalent) to be entered into the DoD Suicide Event Report database. VPIs will only facilitate data sharing and communication between the aforementioned entities and will not access or review any associated sensitive personally identifiable and confidential information. VPIs will not be authorized to access the DoD Suicide Event Report to enter or retrieve suicide or suicide attempt data.

2.2.3.4.3. Serve as the Suicide Prevention Program representative and provide primary prevention suicide metrics to the MAJCOM CAB/CAT.

2.2.3.4.4. Ensure installation VPIs provide program support to the Wing Inspector General to accomplish the Suicide Prevention Program inspection.

2.2.3.4.5. Promote consistent messaging on suicide among CAB/CAT members and across the MAJCOM. This includes coordinating and collaborating with Public Affairs, Behavioral Health Consultants, and Chaplains.

2.2.3.5. Ensure compliance with DoD and Air Force standards, policies, guidance, and communication on violence prevention.

2.2.3.6. Collaborate and coordinate with the CSPM on violence prevention programs and activities and MAJCOM CAB/CAT initiatives.

2.2.3.7. Participate on their respective MAJCOM CAB/CAT and other forums addressing violence prevention.

2.2.3.8. Develop and implement the violence prevention components of the MAJCOM Community Action Plans in coordination with the CSPM and CAT. Refer to [Chapter 4](#) for additional guidance.

2.2.3.9. Complete the following training:

2.2.3.9.1. **(Newly assigned)** initial training.

- 2.2.3.9.2. **(Newly assigned)** new member CAB/CAT orientation. Refer to **Chapter 4** for additional guidance.
- 2.2.3.9.3. Annual refresher training as directed by AF/A1Z.
- 2.2.3.9.4. Professional development training as directed by AF/A1Z.
- 2.2.3.10. Ensure VPIs implement installation Violence Prevention Programs that include integrated prevention programs and activities that align with the prevention system, data informed actions, applicable components, and command climate assessment results.
 - 2.2.3.10.1. **(Added)** Ensure installation VPIs disseminate and provide training in accordance with 6400.09 and DoDI 1020.04, *Harassment Prevention and Responses for DoD Civilian Employees*, 30 June 2020.
 - 2.2.3.10.2. **(Added)** Ensure installation VPIs disseminate prevention information resources in accordance with this instruction, DoDI 6400.09 and DoDI 1020.04.
- 2.2.3.11. Provide guidance and support to VPIs on violence prevention, CAB/CAT, Community Action Plans (violence prevention component), and other issues as needed.
- 2.2.3.12. Comply with data calls and other requests as directed by the Air Force CAB and/or AF/A1Z.
- 2.2.3.13. Manage the Violence Prevention Program budget in accordance with AFI 65-601 V1.

2.2.4. MAJCOM Behavioral Health Consultants (or Designee) will:

- 2.2.4.1. Ensure clinical components of the Suicide Prevention Program are in compliance with DoD and Air Force requirements. Refer to DoDI 6490.16, *Defense Suicide Prevention Program*, and AFI 44-172, *Mental Health*, for additional guidance.
- 2.2.4.2. Confirm with VPPMs (where available) that suicides and suicide attempts in their respective MAJCOM are entered into the DoD Suicide Event Report.
- 2.2.4.3. Ensure installation Directors of Psychological Health (or designee) coordinate with AFOSI, Squadron/Unit Commanders (or civilian equivalent), and VPIs to complete DoD Suicide Event Report entries for all suicides and suicide attempts. **Note:** VPIs will only facilitate data sharing and communication between the aforementioned entities and will not access or review any associated sensitive personally identifiable and confidential information. VPIs will not be authorized to access the DoD Suicide Event Report to enter or retrieve suicide or suicide attempt data.

2.3. Installation Level

2.3.1. Installation or Host Wing Commanders (or Equivalent) will:

- 2.3.1.1. Recognize leadership involvement in programs and activities that support resilience and violence prevention is critical in establishing a culture of prosocial and help-seeking behaviors, and intolerant of negative behaviors. **(T-1)**. Monitor command climate; model healthy and safe relationships; promote a culture of dignity, respect, inclusion and connectedness; and foster an environment that promotes help seeking and reduces stigma, in accordance with DoDI 6400.09. **(T-0)**.

2.3.1.2. Ensure implementation of a prevention system that is data informed in accordance with DoDI 6400.09. **(T-0)**.

2.3.1.3. Ensure reviews of prevention activities are conducted annually. **(T-0)**. This may be done as part of the community action plan.

2.3.1.4. Designate a military or civilian individual to serve as the integrator of prevention activities in accordance with DoDI 6400.09. **(T-0)**.

2.3.1.4.1. Participate on their respective MAJCOM CAB. **(T-1)**.

2.3.1.4.2. Chair their respective installation CAB and direct new initiatives to respond to emerging resilience and violence prevention trends and findings. **(T-1)**.

2.3.1.4.3. Select the CSC (or appropriate personnel when a CSC is not available) as the CAB Executive Director and the CAT Chair. **(T-2)**.

2.3.1.4.4. Designate the CSC (or appropriate personnel when a CSC is not available) as the office of record. **(T-2)**.

2.3.1.4.5. Invite a senior spouse to participate on installation CAB meetings. **(T-2)**.

2.3.1.5. Ensure relevant functional agencies and subject matter experts support and collaborate on programs and activities that support resilience and violence prevention. **(T-1)**.

2.3.1.6. Ensure CSCs and VPIs have access to aggregate local data that is non-personally identifiable, non-protected health, or other non-confidential information from appropriate functional agencies. **(T-1)**. Data will be used to support resilience and prevention strategies (e.g., Community Action Plan). **(T-1)**.

2.3.1.7. Promote a Total Force environment as directed in AFI 1-1 and AFI 1-2, *Commander's Responsibilities*. **(T-1)**. This includes encouraging and providing access to early help-seeking and resilience programs and activities, proactively preventing interpersonal and self-directed violence, and reinforcing Airmen conduct.

2.3.1.8. Ensure all CSCs and VPIs are appropriately resourced and provided office space, training and awareness venues, and supplies. **(T-2)**.

2.3.1.9. Ensure fiscal budgets and financial plans are developed for the Resilience Program and Violence Prevention Program. **(T-2)**. Information copies of the financial plans will be forwarded to the MAJCOM. **(T-2)**. **Note:** For ANG, the Wing Commander will make procurement decisions. **(T-2)**.

2.3.1.10. Ensure any required resilience and violence prevention trainings are completed by uniformed Airmen and Air Force civilian personnel. **(T-0)**. Training will be tracked by Unit Training Managers or Unit Ancillary Training Monitors. **(T-1)**. Refer to [Chapter 3](#) for additional guidance.

2.3.1.11. Ensure Master Resilience Trainers, Resilience Training Assistants, and Violence Prevention Trainers (including unit spouse volunteers where appropriate)—are appointed and trained to meet Air Force requirements and unit needs. **(T-2)**. This may be delegated to Squadron Commanders (or equivalent), but no further. **(T-2)**. Refer to [Chapter 3](#) for additional guidance.

2.3.1.12. Monitor the installation's programs and activities that support resilience and violence prevention through the Community Action Plans. **(T-1)**. This includes addressing any environmental factors that hinder these initiatives and/or refine processes and programs to address the identified issues.

2.3.1.13. Ensure compliance of DoD and Air Force suicide prevention requirements. **(T-0)**. This responsibility may be delegated to the installation Vice Commander, but no further. **(T-1)**. Refer to **Chapter 5** for additional guidance.

2.3.1.13.1. Implement the Air Force Suicide Prevention Program 11 Elements at their installation as described in **Chapter 5**. **(T-0)**.

2.3.1.13.2. Ensure Director of Psychological Health (or designee), AFOSI, Squadron/Unit Commanders (or civilian equivalent), and VPI collaborate to complete DoD Suicide Event Report entries for all suicides and suicide attempts. **(T-0)**. **Note:** Criminal investigations maintain primacy to DoD Suicide Event Report completion. VPIs will not access and review any associated sensitive personally identifiable and confidential information gathered for the DoD Suicide Event Report entry. **(T-0)**.

2.3.1.13.3. Provide free access to Service members for voluntary storage of privately owned firearms on the installations. **(T-0)**.

2.3.1.14. **(Added)** Ensure compliance with DoD and Air Force prevention requirements in accordance with DoDI 6400.09. **(T-0)**.

2.3.2. Installation Community Support Coordinators (CSC) will:

2.3.2.1. Provide program management and serve as subject matter experts for the installation Resilience Program, Community Action Board (CAB), and Community Action Team (CAT). **(T-1)**. **Note:** CSC duties are applicable for host Air Force Reserve installations and not applicable to ANG.

2.3.2.2. Have direct access to the installation or host Wing Commander and Senior Enlisted Advisor. **(T-1)**.

2.3.2.3. Serve as the OPR for resilience programs and activities. **(T-1)**. This includes providing guidance to leadership and CAB/CAT members on resilience. **Note:** Regardless of prior certifications or licensures, CSCs will not serve in the capacity of or be dually appointed as Sexual Assault Response Coordinators (SARC), Sexual Assault Prevention and Response Victim Advocates (SAPR VA), or clinical practitioners. **(T-1)**. At Reserve Command host installations and for ANG, a SARC may be appointed as the CAT Chair. **(T-2)**.

2.3.2.4. Ensure compliance with DoD and Air Force standards, policies, guidance, and communication on resilience. **(T-0)**.

2.3.2.5. Serve as both the installation CAB Executive Director and the CAT Chair. **(T-2)**. **Note:** If a CSC is not available, the CAB Chair will select a CAB Executive Director and a CAT Chair from the installation CAT to serve at a minimum of two years in the position, or at the discretion of the CAB Chair. **(T-2)**. The selected CAB Executive Director and CAT Chair will not be from the same functional agencies and will not dually serve as their functional agency's CAT representative. **(T-2)**. ANG will select personnel as appropriate. **(T-2)**. Refer to **Chapter 4** for additional guidance.

- 2.3.2.5.1. Prepare and distribute agendas and keep minutes for all CAB/CAT meetings. **(T-2).**
- 2.3.2.5.2. Coordinate forums or other activities that support resilience and violence prevention as directed by the Air Force, MAJCOM, and installation CABs, and/or AF/A1Z. **(T-1).**
- 2.3.2.5.3. Promote multiagency collaboration between CAB/CAT members. **(T-1).**
- 2.3.2.5.4. Ensure continuous focus remains on building and sustaining resilience and preventing interpersonal and self-directed violence. **(T-1).**
- 2.3.2.5.5. Prepare and submit an executive summary to their respective MAJCOM CAB that provides a year-end analysis of issues that were addressed. **(T-2).**
- 2.3.2.6. Oversee the overall development and implementation of the installation Community Action Plans. **(T-1).** Refer to **Chapter 4** for additional guidance.
- 2.3.2.7. Collaborate with the Violence Prevention Integrator (VPI) on violence prevention and CAB/CAT initiatives. **(T-1).**
- 2.3.2.8. Coordinate and collaborate with functional agencies to improve and integrate resilience programs and activities and quality of life concerns. **(T-1).** This includes ensuring effective communication, information sharing, and education and outreach activities across the installation by developing and/or harnessing existing tools and resources. **Note:** Awareness raising, while helpful, will not replace or diminish the priority of skills building that support resilience and violence prevention. **(T-1).**
- 2.3.2.9. Consult with appropriate functional agencies to develop recommended solutions to individual, family, and community resilience, readiness, and other related issues. **(T-1).**
- 2.3.2.10. Complete the following training:
 - 2.3.2.10.1. **(Newly assigned)** initial training. **(T-1).**
 - 2.3.2.10.2. **(Newly assigned)** new member CAB/CAT orientation. **(T-1).** Refer to **Chapter 4** for additional guidance.
 - 2.3.2.10.3. Annual refresher training as directed by AFPC/DPFZ. **(T-1).**
 - 2.3.2.10.4. Master Resilience Trainer training. **(T-1).**
 - 2.3.2.10.5. Professional development training as directed by AFPC/DPFZ and CSPM. **(T-1).**
- 2.3.2.11. Manage the Resilience Program budget in accordance with AFI 65-601 V1. **(T-2).**
- 2.3.2.12. Ensure Master Resilience Trainers (MRT) and Resilience Training Assistants (RTA) are trained and equipped to conduct resilience training as directed by Headquarters Air Force, MAJCOM, and/or installation leadership. **(T-2).** This includes scheduling and tracking completed trainings (e.g., First Term Airman Center Resilience Training) conducted by MRTs and RTAs. Refer to **Chapter 3** for additional guidance. **Note:** RTAs will not conduct resilience training without on-sight supervision from MRTs. **(T-1).**

2.3.2.13. Ensure resilience programs and activities on Joint Base environments are conducted in coordination with the Supporting Component. **(T-2)**. This includes ensuring Sister Services understand that they must meet requirements that should be reported to their Supporting Component for tracking.

2.3.2.14. Engage military, government, industry, academia, and other stakeholders that may be directly or indirectly involved in resilience activities for the Total Force. **(T-2)**. This includes participating (where available and appropriate) in community meetings, conferences, council meetings, other venues and forums, and through appropriate data collection. **Note:** Ensure that a license request to collect and compile information is submitted to obtain a DoD Report Control Symbol and/or an Office of Management and Budget Control Number as appropriate and in accordance with Title 44 United States Code, Chapter 35, Subchapter I, Sections 3501-3521, *Federal Information Policy*. **(T-0)**. Refer to AFI 33-324, *The Air Force Information Collections and Reports Management Program*, for additional guidance on information collecting and reporting of internal and public requirements.

2.3.2.15. Review aggregate local data (non-personally identifiable, non-protected health, or other non-confidential information) to identify resilience and quality of life issues. **(T-1)**. This data can help determine which programs and activities best meet the needs of an installation.

2.3.2.16. Ensure suicide prevention (whether as a standalone or integrated violence prevention) is incorporated into CAB/CAT initiatives and Community Action Plans as appropriate **(T-1)**. **Note:** For Reserve Command host installations and ANG, the Wing commander will ensure suicide prevention is incorporated into CAB/CAT initiatives and Community Action Plans. **(T-2)**.

2.3.3. Installation Violence Prevention Integrators (VPI) will:

2.3.3.1. Provide program management and serve as subject matter experts for the installation Violence Prevention Program. **(T-1)**. This includes implementing a prevention system in accordance with DoDI 6400.09 and efforts to integrate and institutionalize violence prevention programs and activities across the installation. **(T-0)**. VPIs will serve in non-clinical roles when addressing violence prevention. **(T-1)**. ANG will appoint appropriate personnel to implement these duties. **(T-2)**.

2.3.3.2. Have direct access to the installation or host Wing Commander and Senior Enlisted Advisor. **(T-1)**.

2.3.3.3. Serve as the OPR for violence prevention programs and activities. **(T-1)**. This includes providing guidance to leadership and Community Action Board (CAB) and Community Action Team (CAT) members on violence prevention. Reserve Command host installations and ANG will appoint personnel as appropriate. **(T-1)**. This includes disseminating information on violence prevention strategies and risk and protective factors. Regardless of prior certifications or licensures, VPIs will not serve in the capacity of or be dually appointed as SARCs, SAPR VAs, Volunteer Victim Advocates (VVA), or clinical practitioners. **(T-1)**.

2.3.3.3.1. Serve as the OPR for the non-clinical and primary prevention responsibilities of the installation Suicide Prevention Program in coordination and

collaboration with the Director of Psychological Health (or appointed designee), CSC, and other CAT agencies as appropriate. **(T-0)**. VPIs serve as the DoD required installation Suicide Prevention Program Manager. **(T-0)**. ANG will appoint appropriate personnel to implement these duties. **(T-0)**. Refer to [Chapter 5](#) for additional guidance.

2.3.3.3.1.1. Ensure overall program compliance and coordination with the installation CAB/CAT and the functional agencies addressing suicide and suicide attempts. **(T-0)**.

2.3.3.3.1.2. Ensure suicide and suicide attempt data from AFOSI and Squadron/Unit Commanders (or civilian equivalent) is provided to the Director of Psychological Health to be entered into the DoD Suicide Event Report central database. **(T-1)**. VPIs will only facilitate data sharing and communication between the aforementioned entities and will not access or review any associated sensitive personally identifiable and confidential information. **(T-0)**. VPIs will not be authorized to access the DoD Suicide Event Report to enter or retrieve suicide or suicide attempt data. **(T-0)**.

2.3.3.3.1.3. Serve as the Suicide Prevention Program representative and provide primary prevention suicide metrics to the CAB/CAT. **(T-1)**. **Note:** For ANG, the Wing Commander will appoint a member to serve as the OPR for the installation suicide prevention program.

2.3.3.3.1.4. Provide program support to the Wing Inspector General to accomplish the Suicide Prevention Program inspection. **(T-1)**.

2.3.3.3.1.5. Ensure any AF/A1Z directed Self-Assessment Communicators for suicide prevention (e.g., Air Force Suicide Prevention Program 11 Elements) are completed in coordination with appropriate personnel. **(T-1)**.

2.3.3.3.1.6. Provide installation and unit Commanders and First Sergeants awareness of and access to the Air Force Leader's Post-Suicide and Suicide Attempt Checklists to manage post-suicide responses. **(T-0)**. The checklists will be made available via AF/A1Z through official channels.

2.3.3.3.1.7. Provide installation and unit Commanders and First Sergeants awareness of and access to the Unit Commander/First Sergeant Checklist for Airmen Under Investigation or Involved in Military/Civilian Criminal Justice/Legal Systems. **(T-1)**. This can assist with mitigating risk of suicide, suicide attempt, or other forms of harm. This checklist will be made available via AF/A1Z through official channels.

2.3.3.3.1.8. Promote consistent messaging on suicide among CAB/CAT members and across the installation. **(T-0)**. This includes coordinating and collaborating with Public Affairs, Director of Psychological Health, and Chaplain.

2.3.3.3.2. **(Added)** Serve as the OPR for the installation prevention system and data informed actions in accordance with DoDI 6400.09 that:

2.3.3.3.2.1. **(Added)** Identifies risk and protective factors and emerging issues for their targeted population that include but are not limited to risk factors for Service

members, their families and/or DoD personnel that address abuse to self or others and factors that affect the workplace in accordance with DoDI 6400.09. **(T-0)**.

2.3.3.3.2.2. **(Added)** Identifies prevention programs policies and practices that are based on research informed practices in accordance with DoDI 6400.09. **(T-0)**.

2.3.3.3.2.3. **(Added)** Include quality implementation measures and evaluation of prevention activities. **(T-0)**. Evaluation activities must follow policies concerning privacy, ethics, human subjects, data-sharing, in accordance with DoDI 6400.09.

2.3.3.3.3. **(Added)** Serve as the OPR for non-clinical prevention of Domestic Violence and Child Abuse in coordination with FAP, CSC, and other CAT agencies as appropriate. Promote consistent messaging on Domestic Violence and Child Abuse prevention among CAB/CAT members and across the installation in accordance with DoDI 6400.09. **(T-0)**. This includes coordinating and collaborating with Public Affairs, Director of Psychological Health, and Chaplain.

2.3.3.3.4. **(Added)** Serve as OPR for non-clinical prevention of workplace violence in coordination with EO, A1C, CSC and other CAT agencies as appropriate.

2.3.3.3.4.1. **(Added)** Promote consistent messaging on prevention of workplace violence among CAB/CAT members and across the installation in accordance with DoDI 6400.09 and DoDI 1020.04. **(T-0)**. This includes coordinating and collaborating with Public Affairs, Director of Psychological Health, and Chaplain.

2.3.3.3.4.2. **(Added)** Publish workplace violence prevention policies and procedure to prevent harassment in collaboration with EO and A1C.

2.3.3.4. Ensure compliance with DoD and Air Force standards, policies, guidance, and communication on violence prevention. **(T-0)**.

2.3.3.5. Collaborate with the CSC on installation violence prevention and CAB/CAT initiatives. **(T-1)**.

2.3.3.6. Participate on the installation CAB/CAT and other relevant collaborative forums addressing violence prevention. **(T-1)**.

2.3.3.7. Develop and implement the violence prevention components of the installation Community Action Plans in coordination with the CSC and CAT. **(T-1)**. Refer to [Chapter 4](#) for additional guidance.

2.3.3.8. Complete the following training:

2.3.3.8.1. **(Newly assigned)** initial training. **(T-1)**.

2.3.3.8.2. **(Newly assigned)** new member CAB/CAT orientation. **(T-1)**. Refer to [Chapter 4](#) for additional guidance.

2.3.3.8.3. Annual refresher training as directed by AFPC/DPFZ. **(T-1)**.

2.3.3.8.4. Professional development training as directed by AFPC/DPFZ and VPPM. **(T-1)**.

2.3.3.9. Manage the Violence Prevention Program budget in accordance with AFI 65-601 V1. **(T-2)**.

2.3.3.10. Ensure violence prevention training for all uniformed Airmen and Air Force civilian personnel (appropriated and non-appropriated fund) is conducted and tracked as directed by the Air Force CAB and/or AF/A1Z. **(T-0)**. Refer to [Chapter 3](#) for additional guidance.

2.3.3.11. Compile and assess aggregate local data (non-personally identifiable, non-protected health, or other non-confidential information) to identify risk and protective factors. **(T-1)**. This data can help determine which evidence-based programs and activities best meet the needs of an installation. **Note:** VPIs will not be authorized to attend Case Management Group, Central Registry Board, or other venues that share personally identifiable, protected health, or other confidential information about individuals seeking support services, receiving disciplinary action, or for other circumstances as determined by the Air Force CAB and/or AF/A1Z. **(T-1)**. If a Reserve Command host installation or ANG assigns any or all VPI duties to an individual who also participates in the Case Management Group, Central Registry Board, or other venues that share personally identifiable, protected health, or other confidential information as part of their duties (e.g., Director of Psychological Health, SARC, etc.), that individual will only access aggregate local data and will not use any personally identifiable, protected health, or other confidential information when serving in the capacity of the VPI. **(T-1)**.

2.3.3.12. Coordinate and collaborate with functional agencies to improve and integrate violence prevention programs and activities and quality of life concerns. **(T-1)**. This includes ensuring effective communication, information sharing, and education and outreach activities across the installation by developing and/or harnessing existing tools and resources. This may also include conducting primary prevention research, assessments, and evaluations to determine effectiveness of strategies, programs, and activities. **Note:** Awareness raising, while helpful, will not replace or diminish the priority of skills building that support resilience and violence prevention. **(T-1)**. This does not restrict other functional agencies from engaging in prevention activities, but rather ensures there is coordination and collaboration through the CAT.

2.3.3.13. Consult with appropriate functional agencies to develop recommended solutions to individual, family, and community violence prevention and other related issues. **(T-1)**.

2.3.3.14. Engage military, government, industry, academia, and other stakeholders that may be directly or indirectly involved in violence prevention activities for the Total Force. **(T-2)**. This includes participating (where available and appropriate) in community meetings, conferences, council meetings, other venues and forums, and through appropriate data collection. **Note:** Ensure a license to collect and compile information is submitted to obtain a DoD Report Control Symbol and/or an Office of Management and Budget Control Number as appropriate and in accordance with Title 44 United States Code, Chapter 35, Subchapter I, Sections 3501-3521, *Federal Information Policy*. **(T-0)**. Refer to AFI 33-324 for additional guidance on information collecting and reporting of internal and public requirements.

2.3.4. Installation Director of Psychological Health (or Appointed Designee) will:

2.3.4.1. Be responsible for all clinical aspects of suicide prevention to include advising leaders on managing Airmen in distress, adhering to clinical practice guidelines for

suicidality, and entering all Air Force suicides and suicide attempts at their installation into the DoD Suicide Event Report. **(T-0).**

2.3.4.2. Be appointed by the Medical Treatment Facility Commander and Air Reserve Component Medical Unit Commander to manage and enter cases into the DoD Suicide Event Report central database. **(T-0).** **Note:** Refer to AFI 44-172 for additional guidance.

2.3.4.3. Coordinate with Air Force Office of Special Investigations (AFOSI), Squadron/Unit Commanders (or civilian equivalent), and Violence Prevention Integrators (VPI) to complete DoD Suicide Event Report entries for all suicides and suicide attempts. **(T-0).** **Note:** VPIs will only facilitate data sharing and communication between the aforementioned entities and will not access or review any associated sensitive personally identifiable and confidential information. **(T-0).** VPIs will not be authorized to access the DoD Suicide Event Report to enter or retrieve suicide or suicide attempt data. **(T-0).**

2.3.4.4. Coordinate with the VPI to ensure the Wing Inspector General has program support as necessary to conduct inspections for the Suicide Prevention Program as appropriate. **(T-1).** **Note:** ANG will coordinate with the installation VPI and provide any required data and information. **(T-2).**

2.3.5. **Air Force Office of Special Investigations (AFOSI) Detachment Commander** must ensure all necessary data about a suicide or suicide attempt is provided to the Director of Psychological Health (or appointed designee) to complete the DoD Suicide Event Report entry within the required timeframes. **(T-0).** **Note:** Although AFOSI does not investigate suicide attempts, any data obtained about an attempt must be provided for the DoD Suicide Event Report. **(T-0).** Criminal investigations maintain primacy to DoD Suicide Event Report completion.

2.3.6. **Medical Treatment Facility Commander and Air Reserve Component Medical Unit Commander** will:

2.3.6.1. Serve as OPR for all clinical aspects of suicide prevention to include implementing clinical guidelines for managing suicidal patients and other requirements in AFI 44-172. **(T-0).**

2.3.6.2. Ensure that a DoD Suicide Event Report entry is completed for all suicides and suicide attempts. **(T-0).**

2.3.6.3. Appoint in writing the Director of Psychological Health (or appointed designee) to manage and enter cases into the DoD Suicide Event Report central database. **(T-0).** This includes coordinating with the Violence Prevention Integrator (VPI) on DoD Suicide Event Report data entry compliance. **Note:** For ANG, the Community Action Board (CAB) Executive Director will appoint in writing the appropriate personnel to manage DoD Suicide Event Report entries and coordinate with the installation Director of Psychological Health (or appointed designee) on DoD Suicide Event Report data entry compliance. **(T-2).**

2.3.7. **Leaders and Supervisors** will:

2.3.7.1. Recognize that their involvement in programs and activities that support resilience and violence prevention is critical. **(T-1).**

2.3.7.2. Promote a culture of prosocial, healthy, and adaptive behaviors that encourages early help-seeking. **(T-0)**. This includes not tolerating negative actions (e.g., hazing, belittling, humiliating, retaliation, etc.) that prevent Airmen from help-seeking or professional care.

2.3.7.3. Reinforce the Air Force Core Values and conduct as directed in AFI 1-1 and AFI 1-2. **(T-1)**. This includes ensuring Airmen understand how resilience and interpersonal and self-directed violence impact their well-being and performance, unit morale, and ultimately Air Force readiness.

2.3.7.4. Ensure any required resilience and violence prevention trainings are completed by uniformed Airmen and Air Force civilian personnel within their sphere of influence. **(T-0)**. Refer to [Chapter 3](#) for additional guidance.

2.3.7.5. Complete any required resilience and violence prevention training as described in this publication. **(T-0)**.

2.3.7.6. Learn signs of distress, and effective ways to discuss issues with subordinates. **(T-0)**. This includes knowing where to refer Airmen for help.

2.3.7.7. Engage installation Community Action Team (CAT) agencies to assist in improving programs and activities that support resilience and violence prevention within the unit as appropriate. **(T-1)**.

2.3.7.8. Squadron/Unit Commanders (or civilian equivalent) will provide all necessary data about a suicide or suicide attempt in their unit to the Director of Psychological Health (or appointed designee) to complete a DoD Suicide Event Report entry within the required timeframes. **(T-0)**. **Note:** For ANG, the assigned personnel will complete DoD Suicide Event Report entries with the required timeframes. **(T-0)**. Refer to [Chapter 5](#) for additional guidance.

2.3.8. **Airmen** will:

2.3.8.1. Recognize that their involvement in programs and activities that support resilience and violence prevention is critical. **(T-0)**.

2.3.8.2. Contribute to a culture of prosocial, healthy, and adaptive behaviors that encourages early help-seeking. **(T-0)**.

2.3.8.3. Comply with and promote the Air Force Core Values and conduct as directed in AFI 1-1 and AFI 1-2. **(T-1)**.

2.3.8.4. Engage as an active bystander by identifying signs and symptoms of Airmen in distress and promoting help-seeking in distressed peers using acquired skills. **(T-0)**.

2.3.8.5. Complete any required resilience and violence prevention training. **(T-0)**.

Chapter 3

TRAINING

3.1. Training Overview. The Air Force will provide Airmen with knowledge, skills, and tools that support resilience and violence prevention. This helps build foundational life skills that will allow them to thrive personally and professionally. Moreover, this institutionalizes an environment that inspires courage and confidence to confront attitudes and behaviors that erode the Air Force Core Values. **Note:** In certain circumstances, contractors may be required to complete training in accordance with contract provisions or other stipulated requirements.

3.1.1. Training will incorporate Congressional, DoD, and Air Force training requirements and core competencies in accordance with DoDI 6400.09. **(T-0).** **Note:** Suicide prevention training requirements will be met as a standalone or as part of an integrated violence prevention training as determined by APFC/DPFZ.

3.1.2. Training will incorporate evidence-based programs and activities and adult learning theory principles that are appropriate to an Airman's grade and commensurate with their rank and level of responsibility. **(T-1).** This continuum of learning, aligned with Airmen career progression, will gradually increase their level of knowledge and provide necessary skills that support resilience and violence prevention.

3.2. Training Tracking.

3.2.1. Commanders (or equivalent) and supervisors at all levels will ensure all uniformed Airmen and Air Force civilian personnel complete any required resilience and violence prevention training. **(T-0).** Training will be tracked by Unit Training Managers (UTM) or Unit Ancillary Training Monitors (UATM). **(T-1).** **Note:** For ANG, this is a coordinated responsibility between the Base Education and Training Manager and UTM.

3.2.1.1. Total Force personnel assigned to installations as tenant units will provide proof of training to their host UTM or Unit Ancillary Training Monitor. **(T-1).** **Note:** Air Reserve Command tenant organizations will provide proof of training and any requested training metrics to their host organization. **(T-2).**

3.2.2. UTMs or UATMs will document, track, and report resilience and violence prevention training in the My Learning system or as determined by the Air Force Community Action Board (CAB) and/or AF/A1Z. **(T-1).** This includes providing resilience and violence prevention training completion statistics upon request from the installation CAB, Community Support Coordinator (CSC), and Violence Prevention Integrator (VPI), or ANG designee.

3.2.3. CSCs and VPIs (or ANG designee) will ensure UTMs and/or UATMs are provided the necessary information to track training. **(T-1).**

3.2.4. CSCs and VPIs will track and report their completion of initial training, annual refresher training, and other professional development training as determined by AFPC/DPFZ. **(T-1).**

3.3. Total Force Training Requirements.

3.3.1. Annual Training. To meet Congressional, DoD, and Air Force requirements, uniformed Airmen and Air Force civilian personnel (appropriated and non-appropriated funded) will complete annual resilience and violence prevention training as determined by AFPC/DPFZ in

accordance with DoDI 6400.09. **(T-0)**. Annual training will not be implemented for deployed personnel while in the Area of Responsibility. **(T-1)**. **Note:** While not required and if feasible, foundational and annual training is recommended for Air Force family members, DoD contractors, and local national employees.

3.3.2. First Term Airman Center Training. Uniformed Airmen at their first duty station will complete in-person resilience and violence prevention training as required and in accordance with AFI 36-2670, *Total Force Development*. **(T-1)**. **Note:** This is not applicable to Reserve and ANG.

3.3.3. Resilience Training. Resilience training will be completed as directed by Headquarters Air Force, AFPC/DPFZ, MAJCOM, Field Command, and/or installation leadership. **(T-1)**. Leaders are encouraged to coordinate with CSCs to determine local issues and needs to tailor training or Wingman activities.

3.3.3.1. All resilience trainings conducted by Master Resilience Trainers (MRT) and Resilience Training Assistants (RTA) will use AFPC/DPFZ approved curriculum. **(T-1)**.

3.3.3.2. Spouse volunteers trained as RTAs will only conduct resilience training for spouse and family groups using AF/A1Z approved curriculum. **(T-1)**.

3.3.4. Leadership Training. Resilience and violence prevention training (where appropriate) will be included at all levels of Professional Military Education, commander courses, Executive Group development, senior spouse orientations, and other venues as directed by the Air Force CAB and/or AFPC/DPFZ in accordance with DoDI 6400.09. **(T-0)**. This will include developing interpersonal and leadership skills required to fulfill their responsibilities relative to violence prevention (e.g., suicide prevention), resilience, and total fitness of Airmen in accordance with DoDI 6400.09. **(T-0)**.

3.3.5. Accessions Training. Resilience and violence prevention training (where appropriate) will be included at all accessions sources for new uniformed Airmen as directed by the Air Force CAB and/or AFPC/DPFZ and AF/A1Z in accordance with DoDI 6400.09. **(T-0)**.

3.4. Resilience and Violence Prevention Personnel and Support Personnel Training Requirements.

3.4.1. Community Support Coordinator (CSC) and Violence Prevention Integrator (VPI) Training. CSCs and VPIs will complete initial training to ensure baseline resilience and/or violence prevention knowledge. **(T-1)**. CSCs and VPIs will also complete annual training and other professional development as directed by AFPC/DPFZ to maintain proficiency and be current with national or local evidence-based programs and activities impacting their scope of work. **(T-1)**. With the exception of new member CAB/CAT orientation, trainings will be facilitated by AFPC/DPFZ AF/A1Z unless otherwise directed. **(T-1)**. Training may be conducted through in-person sessions, webinars, telephone conferences, computer based training, or other appropriate forums as determined by AFPC/DPFZ. ANG will utilize Air Force training as needed and/or determine equivalent training as appropriate. **(T-2)**.

3.4.2. Resilience Trainers. MRTs and RTAs (or equivalent) will successfully meet eligibility and training criteria in order to conduct resilience training. **(T-1)**. MRTs and RTAs (or equivalent) will comply with responsibilities aligned with these roles as determined by

AF/A1Z in coordination with AFPC/DPFZ. **(T-1)**. **Note:** MRTs and RTAs roles are additional duty. MRTs and RTAs are optional for ANG.

3.4.3. Violence Prevention Trainers. Violence Prevention Trainers will successfully meet eligibility and training criteria in order to conduct violence prevention training. **(T-1)**. Violence Prevention Trainers (or equivalent) will comply with responsibilities aligned with this role as determined by AFPC/DPFZ. **(T-1)**. **Note:** Violence Prevention Trainer roles are an additional duty. ANG will utilize Air Force training as needed and/or determine equivalent training as appropriate. **(T-2)**.

Chapter 4

COMMUNITY ACTION BOARD AND COMMUNITY ACTION TEAM

4.1. Overview. The Air Force is committed to maintaining mission readiness through multi-agency collaboration and integration of programs and activities that address individual, family, and community concerns (e.g., resilience and violence prevention). Community Action Boards (CAB) and Community Action Teams (CAT) at all levels serve as dedicated and integrated forums that inform leadership of these concerns and identify solutions.

4.1.1. CABs/CATs are built on a holistic and integrated prevention and Comprehensive Airman Fitness (CAF) framework. This framework assists the Total Force in successfully managing the demands of military life and ensures mission readiness. Leaders and individuals throughout the Total Force are to understand, support, and promote CAF.

4.1.2. CAB/CAT serves as the AF prevention system that collaborates with leaders and prevention stakeholders within the military and civilian community to optimize the access and usage of resources and data informed actions in accordance with DoDI 6400.09. **(T-0)**. CAB/CAT will discontinue any recommendations or prevention activities that are not data informed in accordance with DoDI 6400.09. **(T-0)**.

4.2. General Requirements.

4.2.1. **Location.** CABs/CATs are required at Headquarters Air Force, MAJCOMs, and all Air Force installations, including Air Force-led Joint Bases and Air Reserve Component (ANG and Reserve) installations. **(T-1)**. **Note:** Regular Air Force commanders will provide support to Air Reserve Component commanders as necessary to fully comply with all requirements. **(T-1)**.

4.2.1.1. For Air Force-led Joint Bases, local procedures will ensure all community issues are addressed jointly with supported Sister Services invited to participate in CAB/CAT meetings and activities, or a Joint Base equivalent. **(T-2)**. At Joint Base locations where the Air Force is the Supported Component, memoranda of understanding will be sought to allow CAB/CAT activities or to participate with the supporting Service's activities to meet the intent of this publication. **(T-2)**.

4.2.1.2. All other locations with Air Force communities (e.g., Geographically Separated Units) will work with their higher headquarters and nearest Air Force installations to establish local solutions to meet the intent of this publication. **(T-1)**.

4.2.2. **Frequency.** CABs/CATs at all levels will meet regularly to ensure effective and efficient execution of programs and activities that support resilience and violence prevention for their locations. **(T-1)**. Refer to [Table 4.1](#) for meeting frequency at each level.

4.2.3. **Membership.** CABs/CATs at all levels will be composed of key functional agencies and stakeholders to support quality of life issues (e.g., programs and activities that support resilience and violence prevention) at their locations. **(T-1)**. Members to the installation CAB must be the senior representative for their functional agency. **(T-1)**. Contractors will not serve in any of these positions. **(T-1)**. Refer to [Table 4.1](#) for membership at each level. The CAB Chair may determine additional CAB/CAT members as needed. **(T-3)**.

4.2.4. **Recordkeeping.** CABs/CATs will prepare and distribute an agenda in advance of each meeting. (T-2). CABs/CATs will take minutes and distribute them to all members within 60 days after the meeting. (T-2).

4.2.4.1. Official CAT minutes will be signed by the CAT Chair and distributed to members. (T-2).

4.2.4.2. Official CAB minutes will follow the MAJCOM or installation coordination protocol and signed by the CAB Chair and distributed to the CAB members. (T-2).

4.2.4.3. All official minutes will be maintained for two years in accordance with Air Force Instruction 33-322, *Records Management and Information Governance Program*, and disposed of in accordance with Air Force Records Information Management System Records Disposition Schedule. (T-1).

4.2.5. **Funding.** CABs/CATs are cross-functional forums and do not have assigned budgets. Funding for multi-agency initiatives will be provided by the participating functional agencies and supplemented when needed by CAB Chair resources. (T-2).

4.2.6. **Administrative Support.** Leadership at all levels will ensure adequate administrative and logistical support for CAB/CAT functions and initiatives. (T-2). The Community Support Coordinator (CSC) (or appropriate personnel when a CSC is not available) will be designated as office of record for all CAB/CAT documentation. (T-2).

4.2.7. **Communication.** Effective CAB/CAT functions require streamlined communication channels to address issues to ensure community issues can be submitted through appropriate processes, sufficiently researched, and presented to the most immediate level CAB/CAT to resolve and/or submit to higher headquarters. CAB Chairs may authorize CSPM/CSC to communicate directly with higher headquarters counterparts to streamline and expedite the flow of information. This authority will not eliminate senior leadership responsibility to be informed on CAB/CAT issues and proposed actions. (T-1). **Note:** If a CSPM/CSC is not assigned, this applies to the respective CAB Executive Director and CAT Chair.

4.2.8. **Self-Assessment.** Commanders (or equivalent) at all levels will ensure appropriate internal mechanisms exist to track compliance of requirements as described in this publication. (T-1). Refer to AFI 90-201, *The Air Force Inspection System*, for additional guidance on self-assessments. AF/A1Z may periodically utilize a Self-Assessment Communicator to gain timely visibility on CAB/CAT status, compliance, and risk. Compliance with a Self-Assessment Communicator does not relieve MAJCOMs, installations, or Airmen from complying with all statutory and regulatory requirements in Air Force policies or other directives at the local, state, or federal level.

4.2.9. **New Member Orientation.** Providing an orientation to new CAB/CAT members ensures effective, efficient, integrated, and collaborative implementation of programs and activities that support resilience and violence prevention at their respective locations.

4.2.9.1. The CAB Executive Director and CAT Chair will facilitate and document initial orientation for newly assigned CAB/CAT members on roles and responsibilities within 90 days of assumption of command or assignment. (T-2).

4.2.9.2. An overview orientation of CAB/CAT roles and functions will be included in all commander's courses. (T-1).

4.3. Responsibilities and Functions.

4.3.1. **Community Action Boards (CAB)** at their respective levels will:

4.3.1.1. Function as a cross-organizational leadership decision-making forum to identify, resolve, or elevate issues (e.g., resilience and interpersonal and self-directed violence) that impact the Total Force. **(T-1)**. This includes collaborating among helping agencies and stakeholders to eliminate ineffective redundancies, identify gaps in service, implement local solutions, and elevate issues to higher headquarters.

4.3.1.2. Promote a Total Force environment that encourages help-seeking, reinforces consistent messaging, and empowers Airmen to intervene when peers are in distress. **(T-0)**.

4.3.1.3. Evaluate CAT programs and activities effectiveness through reported metrics to understand current climate, values, beliefs, and quality of life concerns. **(T-1)**.

4.3.1.4. Direct and approve programs and activities that support resilience and violence prevention to address emerging trends. **(T-1)**. This can be done by reviewing data, research, and lessons learned to determine which evidence-based policies, programs, and practices should be implemented. The CAB will ensure these programs and activities are integrated into the community. **(T-2)**. **Note:** Evidence-based policies, programs, and practices must be vetted from government, academic, or reputable industry sources. **(T-1)**.

4.3.1.5. Approve, track, and evaluate progress of the Community Action Plan (CAP) and metrics at their respective level (e.g., installation CAB approves installation CAP). **(T-1)**. The installation CAB will provide a copy of their approved CAP to the MAJCOM CAB for review. **(T-1)**.

4.3.1.6. Document meeting activities, monitor forum participation, share promising practices, and monitor training of CAB/CAT members. **(T-1)**.

4.3.1.7. Review and report annually, or as directed, resilience and violence prevention training completion to the next level of command CAB. **(T-1)**.

4.3.1.8. Elevate issues to the next level of command CAB that cannot be resolved within the local CAB scope and capabilities, or requires legislative or policy actions from Congress, DoD, Air Force, or MAJCOM. **(T-2)**. The CAB Chair will approve all elevated submissions. **(T-1)**.

4.3.1.9. Conduct forums or other activities as directed by the Air Force CAB and/or AF/A1Z to identify and address significant resilience and violence prevention issues requiring resolution. **(T-1)**.

4.3.2. **Community Action Teams (CAT)** at their respective levels will:

4.3.2.1. Function as the working group of the CAB to identify, assess, and prioritize community issues (e.g., resilience and interpersonal and self-directed violence) to develop and implement a CAP to address local needs. **(T-1)**. **Note:** Each Joint Base Air Force location will host a local CAT that feeds into the installation Support Component CAB (where available). **(T-2)**.

4.3.2.2. Promote collaboration amongst helping agencies, identify gaps in programs and activities, eliminate ineffective redundancies, and improve programs and activities that support resilience and violence prevention. **(T-1)**.

4.3.2.3. Ensure CAT members develop, collect, and share pertinent data from their respective functional community to analyze for trends and implications. **(T-1)**. This includes regularly sharing metrics for planning, programs and activities that support resilience and violence prevention.

4.3.2.4. Ensure CAT members bring all programs and activities that support resilience and violence prevention for integration and alignment with evidence-based practices, policies, programs, and processes. **(T-1)**. This ensures all efforts are a part of a comprehensive and coordinated plan.

4.3.2.5. Review the Air Force Community Feedback Tool survey results and other quality of life, resilience, and violence prevention related aggregate data (e.g., Installation Equal Opportunity Assessment Summaries) to develop, propose, and implement evidence-based programs and activities. **(T-0)**.

4.3.2.6. Utilize a variety of methods and tools (e.g., focus groups, surveys, town meetings, interviews, forums, member agency trend analyses or other collected data, etc.) to develop and implement integrated solutions that cannot be resolved by individual CAT agencies. **(T-2)**.

4.3.2.7. Identify, collect, and track risk and protective factors to help select programs and activities that support resilience and violence prevention that may increase protective factors and reduce or eliminate interpersonal and self-directed violence. **(T-1)**.

4.3.2.8. Identify positive and negative data trends, assess institutional risk, and propose solutions for these issues to the CAB for review and approval. **(T-1)**.

4.3.2.9. Develop and implement a biennial (every two years) CAP using an AF/A1Z approved product or tool. **(T-1)**.

4.3.2.10. Track and analyze trends related to helping agency counseling workload (e.g., types of service sought) and topics of client concerns. **(T-2)**. This may help determine programs and activities that support resilience and violence prevention that may be needed.

4.3.2.11. Document and up-channel meeting activities, monitor forum participation, share promising practices, and monitor training of CAB/CAT members. **(T-2)**.

4.3.2.12. The Air Force CAT will establish standardized key indicator metrics to monitor, evaluate, and report measurable information on Air Force-wide protective factor behaviors, risk behaviors, and counseling services data being utilized at helping agencies. **(T-1)**.

4.3.2.13. The Air Force CAT will verify that installations use the Air Force Community Feedback Tool survey and monitor the use of additional community and command consultation assessment tools. **(T-1)**.

4.3.3. The Air Force CAT will ensure the biennial (every two years) implementation of a needs assessment in accordance with DoDI 1342.22. **(T-0)**. Wherever possible, the assessment will be conducted with a random representative sample of community members. **(T-2)**.

4.3.3.1. Leadership at all levels will ensure needs assessments are completed at their respective levels in accordance with DoDI 1342.22. **(T-0)**.

4.3.3.2. Community Support Coordinators (CSC) or ANG designees will ensure a needs assessment survey is publicized at the installation to ensure Total Force voluntary completion. **(T-2)**.

4.3.3.3. DELETED.

4.3.4. Community Action Plan (CAP). CAPs are comprehensive, integrated, and coordinated plans to address resilience and violence prevention issues impacting the Air Force at their respective levels and are key components to the AF prevention system that identifies and implements prevention activities and discontinues any prevention activities that are not data informed. These plans address results from the needs assessments and other data collection approaches described throughout this publication. CAPs inform improvements, planning and resourcing in accordance with DoDI 6400.09. **Note:** The installation's violence prevention priorities are captured in the CAP, which satisfies the requirement for a violence prevention plan at all levels.

4.3.4.1. CAPs must be submitted for approval at least biennially (every two years) by the CAT to their respective CAB at all levels of the Air Force. **(T-1)**.

4.3.4.2. CAPs must be approved within six months of the official release of the CFT results. **(T-2)**.

4.3.4.3. CATs will develop and implement CAPs using an AF/A1Z approved product or tool. **(T-1)**. This also allows each level of the Air Force to tailor programs and activities that support resilience and violence prevention to fit their own needs.

4.3.4.4. CSCs or ANG designees will oversee the overall CAP development and implementation. **(T-1)**.

4.3.4.5. Violence Prevention Integrators (VPI) will collaboratively develop and implement the CAP violence prevention components. **(T-1)**.

4.3.4.6. CATs will report CAP implementation progress at their respective CAB meetings. **(T-2)**.

4.3.5. **Promising Practices.** CABs/CATs will look for opportunities to up-channel to higher headquarters potential promising evidence-based and evidence-informed practices, policies, programs, and processes that support resilience and violence prevention. **(T-2)**.

4.3.5.1. Air Force and MAJCOM CABs/CATs will share with their installation CABs/CATs promising evidence-based programs and activities that support resilience and violence prevention submitted to them by installations. **(T-2)**.

4.3.5.2. CAB/CAT meeting minutes will document when promising evidence-based programs and activities that support resilience and violence prevention are identified, recommended, or shared at the respective meetings. **(T-1)**.

4.3.5.3. Any recommendations that cannot be approved or disapproved because of lack of sufficient authority or resources will be referred to the next level CAB/CAT for review. **(T-2)**.

Table 4.1. Community Action Board/Community Action Team: Membership and Frequency.

<p align="center">Air Force Community Action Board</p> <p><u>Voting Members:</u> CAB Chair, Chief Master Sergeant of the Air Force (AF/CCC), Manpower, Personnel and Services (AF/A1), Operations, Plans and Requirements (AF/A3), Logistics, Engineering and Force Protection (AF/A4), Strategic Plans and Programs (AF/A5/8), Studies, Analysis and Assessments (AF/A9), Chief of Chaplains (AF/HC), Judge Advocate General (AF/JA), Chief, Air Force Reserve (AF/RE), Safety (AF/SE), Surgeon General (AF/SG), Director, Air National Guard (NGB/CF), Information Dominance and Chief Information Officer (SAF/CIO A6), Public Affairs (SAF/PA), Deputy Assistant Secretary for Budget (SAF/FMB), Assistant Secretary of the Air Force, Manpower and Reserve Affairs (SAF/MR), others as determined by the CAB Chair</p> <p><u>Invited Non-Voting Member:</u> Senior Spouse Representatives</p> <p><u>Required Attendees:</u> CAB Executive Director/CAT Chair, Integrated Resilience (AF/A1Z), Air Force Director of Psychological Health (DPH); MAJCOM Deputy Commander; MAJCOM Community Support Program Manager; all CAT members are encouraged to attend</p> <p><u>Frequency:</u> At least semiannually</p>
<p align="center">Air Force Community Action Team</p> <p><u>Members:</u> CAB Executive Director/CAT Chair, CCC, representatives from all CAB functional agencies, including A1 (A1Z Resilience, Violence Prevention, Suicide Prevention, Sexual Assault Prevention and Response), Airman and Family Services, Airman and Family Readiness, Diversity and Inclusion, Equal Opportunity), A3, A4, A5/8, A6, A9, HC, JA, RE, SE, SG (Psychological Health, Family Advocacy, Health Promotion), NGB/CF, FMB, MRM, PA, others as determined by the CAB Chair</p> <p><u>Frequency:</u> Ideally monthly, but no less than 10 per year</p>
<p align="center">MAJCOM (MAJCOM) Community Action Board</p> <p><u>Voting Members:</u> CAB Chair, CCC, A1, A3, A4, A5/8, A6, A9, HC, JA, SE, SG, PA, Financial Management (FM), Air Reserve Component (ARC) (Air Force Reserve Command (AFRC) and Air National Guard (ANG)), others as determined by the CAB Chair</p> <p><u>Invited Non-Voting Member:</u> Senior Spouse Representatives</p> <p><u>Required Attendees:</u> CAB Executive Director/CAT Chair, Violence Prevention Program Manager (VPPM), Sexual Assault Response Coordinator (SARC), Behavior Health Consultant (BHC), all CAT members encouraged to attend</p> <p><u>Frequency:</u> At least semiannually</p>
<p align="center">MAJCOM Community Action Team</p> <p><u>Members:</u> CAB Executive Director/CAT Chair, Counterparts of Air Force-level CAT members (as available), VPPM, SARC, BHC, a Command Junior Officer, an Enlisted Personnel (as appropriate), others as determined by the CAB Chair</p> <p><u>Frequency:</u> Ideally monthly, but no less than 10 per year</p>
<p align="center">Installation Community Action Board</p> <p><u>Voting Members:</u> CAB Chair, CCC, HC, SE, PA, SJA, All Group Commanders (CC), Civil Engineering Squadron (CES/CC), Force Support Squadron (FSS/CC), Comptroller Squadron (CPTS/CC), Security Forces Squadron (SFS/CC), Senior Individual Mobilization Augmentee (IMA), ARC/CCs, a First Sergeant, others as determined by the CAB Chair</p> <p><u>Invited Non-Voting Member:</u> Senior Spouse Representatives, Key Spouses as appropriate</p> <p><u>Required Attendees:</u> CAB Executive Director/CAT Chair, Violence Prevention Integrator (VPI), SARC, DPH; all CAT members encouraged to attend</p> <p><u>Frequency:</u> At least quarterly; ARC installation at least semiannually</p>
<p align="center">Installation Community Action Team</p> <p><u>Members:</u> CAB Executive Director/CAT Chair, Counterparts of MAJCOM-level CAT members (as available), VPI, Senior IMA, others as determined by the CAB Chair</p> <p><u>Note:</u> Members must be the senior representative for their functional agency</p>

<p>Frequency: Ideally monthly, but no less than 10 per year; ARC installation at least semiannually</p>
--

Chapter 5

SUICIDE PREVENTION PROGRAM

5.1. Requirement. This chapter implements and supplements elements of DoDI 6490.16, *Defense Suicide Prevention Program*. Refer to DoDI 6490.16 to ensure full compliance of suicide prevention requirements. Refer to AFI 44-172, *Mental Health*, for Air Force information on clinical aspects of suicide prevention.

5.2. Purpose. The Air Force Suicide Prevention Program is a commander's program. The Violence Prevention Integrator (VPI) is the OPR for the non-clinical and primary prevention responsibilities and will collaborate with the Community Support Coordinator (CSC), Mental Health professionals, and other Community Action Team (CAT) agencies in cultivating a fit and ready force by reducing suicide and suicide attempts.

5.3. General Requirements.

5.3.1. Managing Personnel in Distress. Air Force personnel will take rapid action to ensure care of Airmen who are a danger to themselves or others. **(T-0).**

5.3.2. Uniformed Airmen Under Investigation. Uniformed Airmen under investigation, in combination with other factors, may be at risk for suicide. Commanders and First Sergeants will use the Unit Commander/First Sergeant Checklist for Airmen Under Investigation or Involved in the Military/Civilian Criminal Justice/Legal Systems when notified that a uniformed Airman is under investigation under the Uniform Code of Military Justice or a civilian justice system. **(T-1).** This can assist with mitigating risk of suicide, suicide attempt, or other forms of harm. This checklist will be made available via AF/A1Z through official channels.

5.3.2.1. Commanders and First Sergeants will initiate the checklist after the uniformed Airman has been informed of the investigation. **(T-1).** The checklist will be activated when the uniformed Airman is informed of a Commander Directed Investigation. **(T-1).**

5.3.2.2. Commanders and First Sergeants are encouraged to utilize the checklist for uniformed Airmen who may benefit due to current, recent, or anticipated investigations or any legal issues. **(T-3).**

5.3.2.3. VPIs will provide Commanders and First Sergeants awareness of and access to the Unit Commander/First Sergeant Checklist for Airmen Under Investigation or Involved in Military/Civilian Criminal Justice/Legal Systems. **(T-1).** This checklist will be made available via AF/A1Z through official channels.

5.3.3. Access to Lethal Means. Recognizing the relationship between effective suicide prevention and ready access to lethal means, leaders at all levels will comply with DoD requirements (e.g. gun locks, safe storage, danger to self or others procedures). **(T-0).**

5.3.4. Memorial Ceremonies and Services. Commanders (or equivalent) are encouraged to conduct unit memorial ceremonies and services when an Airman dies by suicide. **(T-3).** Commanders should avoid idealizing or eulogizing the act or method of suicide as any public communication after a suicide could possibly increase or decrease the suicide risk of those receiving the communications. **(T-3).**

5.3.5. Suicide Analysis Boards (SAB). SABs bring together Air Force leaders (military and civilian) and subject matter experts to review suicide deaths and identify circumstances, contributing factors, and leadership actions to improve prevention and postvention policies and procedures. SABs provide an opportunity to identify potential gaps, raise lessons learned, and make recommendations. SABs are non-punitive and do not seek to assign individual fault or blame. **Note:** AF/A1Z will provide guidance to ensure uniform implementation of Suicide Analysis Boards at the MAJCOM and Field Command levels. **(T-1)**.

5.3.5.1. SABs will be conducted at least annually and as directed by the Air Force Community Action Board (CAB) and/or AF/A1Z. **(T-0)**.

5.3.5.2. The MAJCOM Deputy Commander will serve as the Convening Authority and appoint in writing a Board President and Board Members for each SAB conducted. **(T-1)**. The Board President will be a senior leader from a MAJCOM Staff (or equivalent). **(T-1)**.

5.3.5.3. SABs will include participation from the Command Chief and MAJCOM representatives from the Judge Advocate, Surgeon General, Office of Special Investigations, Chaplain, and Civilian Personnel (only for Air Force civilian suicides). **(T-1)**. **Note:** For Reservists or Guardsmen who die by suicide, the MAJCOM will coordinate with the Air Force Reserve Command or ANG.

5.3.5.4. SABs will review Total Force suicide deaths with a completed and closed investigation within their respective MAJCOM. **(T-0)**. SABs will only review Air Force civilian personnel suicides cases only after receiving written permission from the decedent's personal representative. **(T-0)**. Review of available Air Force civilian personnel medical and/or mental health records requires authorization from the decedent's personal representative, utilizing the DoD Form 2870, *Authorization for Disclosure of Medical or Dental Information*. **(T-0)**. SABs will comply with Health Insurance Portability and Accountability Act regulations with respect to obtaining the appropriate authorizations from a decedent's personal representative and ensure it properly accounts for all Protected Health Information disclosures. **(T-0)**.

5.3.5.5. Protected Health Information of uniformed decedents is made available to the SAB for the sole purpose of suicide death reviews as an activity necessary to the proper execution of the mission of the Armed Forces pursuant to Department of Defense 6025.18-R, *DoD Health Information Privacy Regulation*. **(T-0)**. Information will be limited to the minimum necessary to accomplish the purpose of the disclosure. **(T-0)**. **Note:** The medical Board Member, or other designated Surgeon General representative, will be the primary individual responsible for reviewing all available medical and mental health records to help distill and summarize pertinent information for the Suicide Analysis Board. **(T-1)**. Non-medical Board Members may have access to relevant decedent medical information as allowable under the law or as specified in authorizations signed by the decedent's personal representative. **(T-0)**.

5.3.5.6. SAB members will not release nor disclose information received, discussed, or produced by the SAB without the prior consent of the Convening Authority. **(T-0)**.

5.3.5.7. SAB members will only receive information relevant and necessary to conduct the suicide case reviews to protect the privacy of the decedent and the decedent's surviving

family members to the greatest extent possible while looking to prevent future suicides. **(T-0).**

5.3.5.8. SABs will submit a SAB Report to AF/A1Z by the end of each calendar year. **(T-1).**

5.3.5.9. SABs will utilize standardized processes, procedures, templates, and reporting requirements developed and provided by AF/A1Z. **(T-1).** This includes using the required SAB Report template.

5.3.6. Air Force Suicide and Suicide Attempt Statistics. The Office of the Armed Forces Medical Examiner will provide AF/A1Z summary statistics for Air Force suicide rates, attempt rates, and associated risk and protective factors. **(T-0).** These statistics will be made available to MAJCOMs and installations, when appropriate, as resources for training, awareness, and other prevention efforts. **(T-1).**

5.3.7. Suicide Prevention Training Metrics. MAJCOM CABs will provide annual aggregate suicide prevention training completion metrics (whether as a standalone or as an integrated violence prevention training) to AF/A1Z as directed by the Air Force CAB and/or AF/A1Z. **(T-1).** **Note:** ANG will determine how to track and report annual training completion.

5.3.8. Inspection. The Inspector General will conduct inspections of the Suicide Prevention Program. **(T-1).** VPPMs (where available) and VPIs will provide program support to the MAJCOM and Wing Inspector General to accomplish inspections and will coordinate with Behavioral Health Consultants (or designee), Directors of Psychological Health (or designee), and AFOSI on inspections as appropriate. **(T-1).** Refer to AFI 90-201 for additional guidance on inspections.

5.3.9. Self-Assessment. Commanders (or equivalent) at all levels will ensure appropriate internal mechanisms exist to track compliance of requirements as described in this publication (e.g., Air Force Suicide Prevention Program 11 Elements). **(T-1).** Refer to AFI 90-201 for additional guidance on self-assessments. AF/A1Z may periodically utilize a Self-Assessment Communicator to gain timely visibility on the Suicide Prevention Program status, compliance, and risk. Compliance with a Self-Assessment Communicator does not relieve MAJCOMs, installations, or Airmen from complying with all statutory and regulatory requirements in Air Force policies or other directives at the local, state, or federal level.

5.4. Air Force Suicide Prevention Program 11 Elements. The Air Force Suicide Prevention Program 11 Elements were developed, based on a public health approach, to assist leaders at all levels to effectively implement the Suicide Prevention Program. The 11 Elements include:

5.4.1. Leadership Involvement. Air Force military and civilian leaders will build environments that promote healthy and adaptive behaviors, foster the Wingman culture, and encourage responsible and early help-seeking. **(T-0).** Leaders will ensure adequate resourcing, effective policy and program implementation, and frequent communication and messaging to encourage leadership engagement at all levels. **(T-0).**

5.4.2. Professional Military Education (PME). PME will develop leaders with interpersonal and leadership skills relative to suicide prevention (whether as a standalone or as part of integrated violence prevention). **(T-0).** Leaders will understand what policies and

practices promote or discourage help-seeking and resilience. **(T-0)**. Leaders will develop skills to detect at-risk individuals and intervene early with Airmen under stress. **(T-0)**.

5.4.3. Guidelines for Commanders: Use of Mental Health Services. Commanders (or civilian equivalent) are encouraged to partner and consult with Mental Health about uniformed Airmen to improve duty performance. If a commander finds it necessary to order a member to the Military Treatment Facility for a mental health evaluation, then the commander must do so in accordance with DoDI 6490.04, *Mental Health Evaluations of Members of the Military Services*, AFI 44-172, AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, and AFI 40-301, *Family Advocacy Program*. **(T-0)**. Commanders must be aware of the legal implications to uniformed Airmen of the different types of referrals and consult with the Staff Judge Advocate or designated legal advisor as needed. **(T-1)**. **Note:** Air Reserve Component commanders will be familiar with available mental health options. **(T-2)**.

5.4.4. Unit-Based Preventive Services. Helping agency professionals will partner with unit leaders to provide services at the worksite to increase access, encourage help-seeking, and promote familiarity, rapport, and trust with uniformed Airmen and their families. **(T-2)**. These services also improve unit cohesion and effectiveness.

5.4.5. Wingman Concept. Wingmen will practice healthy behaviors, make responsible choices, and encourage others to do the same. **(T-1)**. Wingmen will foster a culture of early help-seeking and recognize the signs and symptoms of distress in themselves and others and take protective action. **(T-0)**.

5.4.6. Investigative Interview Policy (Hand-Off Policy). Uniformed Airmen facing criminal or administrative action, in combination with other factors, may be at risk for suicide. Following any subject interview, Air Force investigators must hand-off that uniformed Airman directly to their Commander or First Sergeant through person-to-person documented contact and inform them of any perceived risk of suicide in accordance with investigative policies. **(T-1)**. **Note:** For Air Reserve Component, when the Commander or First Sergeant is a traditional Guardsman or Reservist and unable to be contacted, the senior ranking unit member (E-7 or higher) on active status will receive person-to-person contact and in turn make notifications to the First Sergeant and Commander. **(T-1)**. The investigator will notify the unit representative that the individual was interviewed and is under investigation. **(T-1)**.

5.4.6.1. The Commander or First Sergeant will inquire about the uniformed Airman's emotional state and contact Mental Health to discuss a possible Commander Directed Evaluation and possible placement in the Limited Privilege Suicide Prevention Program if risk of suicide is suspected. **(T-1)**.

5.4.6.2. The Commander or First Sergeant will advise the uniformed Airman facing criminal or administrative action of other available resources (e.g., Chaplain, Military and Family Life Counseling, etc.) that can provide stress management, crisis intervention, and other appropriate services. **(T-0)**.

5.4.7. Post-Suicide Response (Postvention). Suicide impacts units, coworkers, families, and friends and offering support is critical to individual and unit resilience. Unit leaders will manage post-suicide responses by implementing the Air Force Leader's Post-Suicide and Suicide Attempt Checklists **(T-0)**. This includes supporting affected personnel through the grieving process by consulting with Chaplains, Mental Health, and Directors of Psychological

Health as needed. Violence Prevention Integrators (VPI) will provide Commanders and First Sergeants awareness of and access to the Air Force Leader's Post-Suicide and Suicide Attempt Checklists. **(T-0).**

5.4.8. Community Action Boards and Community Action Teams. VPIs will coordinate with Community Action Boards (CAB) and Community Action Teams (CAT) to help integrate, coordinate, and track suicide prevention programs and activities (whether as a standalone or as part of integrated violence prevention) to ensure initiatives are targeted, effective, and reduce suicide as well as other risks of interpersonal violence. **(T-1).** Refer to [Chapter 4](#) for additional guidance.

5.4.9. Limited Privilege Suicide Prevention Program. The Limited Privilege Suicide Prevention Program provides uniformed Airmen increased legal protections and confidentiality with respect to the information revealed during or generated by their clinical relationship with Mental Health. Refer to AFI 44-172 for guidance on program eligibility and processes.

5.4.10. Commander Consultation Tools. Commanders (or civilian equivalent) will utilize climate assessment tools (e.g., Installation Equal Opportunity Assessment Summaries, Air Force Combined Mishap Reduction System, etc.) to identify strengths and challenges within their organizations to implement strategies to enhance Airmen well-being and resilience. **(T-1).** Commanders are encouraged to consult with Community Support Coordinators (CSC), VPIs, and CAT members to help select tools, interpret results, and develop action plans for their units.

5.4.11. Suicide Event Tracking: DoD Suicide Event Report. Commanders (or civilian equivalent) will ensure all Air Force suicides and suicide attempts for required groups are entered into DoD Suicide Event Report central database within the established timeframes. **(T-0).** Data entry will be completed by the Director of Psychological Health (or designee) in coordination with AFOSI and affected unit Commander. **(T-0).** **Note:** For ANG, DoD Suicide Event Report entries are completed by the appropriate assigned personnel.

BRIAN T. KELLY
Lieutenant General, USAF
Deputy Chief of Staff of the Air Force, Manpower,
Personnel and Services

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Title 5 United States Code 552a, *Records Maintained on Individuals*, The Privacy Act of 1974

Title 10 United States Code 136, *Under Secretary of Defense for Personnel and Readiness*

Title 10 United States Code 8013, *Secretary of the Air Force*

Title 10 United States Code 9013, *Secretary of the Air Force*

Title 42 United States Code, Chapter 21, Sections 1981 – 2000h-6, *Civil Rights*

Title 44 United States Code, Chapter 35, Subchapter I, Sections 3501-3521, *Federal Information Policy*

(Added) DoDI 1020.04, *Harassment Prevention and Responses for DoD Civilian Employees*, 30 June 2020

DoDI 1342.22, *Military Family Readiness*, 3 July 2012

(Added) DoDI 6400.09, *DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse*, 11 September 2020

Department of Defense Instruction 6490.04, *Mental Health Evaluations of Members of the Military Services*, 4 March 2013

Department of Defense Instruction 6490.16, *Defense Suicide Prevention Program*, 6 November 2017

(Added) DoDM 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs*, 13 Mar 2019

Chairman of the Joint Chiefs of Staff Instruction 3405.01, *Chairman's Total Force Fitness Framework*, 1 September 2011, Current as of 23 September 2013

Air Force Vice Chief of Staff Memorandum, *Implementation of Commander/First Sergeant Checklist for Airmen Under Investigation*, 22 March 2017

Air Force Policy Directive 90-50, *Integrated Resilience*, 17 September 2018

Headquarters Air Force Mission Directive 1-20, *The Inspector General*, 5 January 2021

Headquarters Air Force Mission Directive 1-28, *Director of Public Affairs*, 1 February 2021

Air Force Instruction 1-1, *Air Force Standards*, 7 August 2012

Air Force Instruction 1-2, *Commander's Responsibilities*, 8 May 2014

(Added) Air Force Instruction 33-322, *Records Management and Information Governance Program*, 23 March 2020

Air Force Instruction 33-324, *The Air Force Information Collections and Reports Management Program*, 22 July 2019

Department of the Air Force Instruction 33-360, *Publications and Forms Management*, 1 December 2015

(Added) Air Force Instruction 36-2670, *Total Force Development*, 25 June 2020

Department of the Air Force Instruction 40-301, *Family Advocacy Program*, 13 November 2020

Air Force Instruction 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, 18 July 2018

Air Force Instruction 44-172, *Mental Health*, 13 November 2015

Air Force Instruction 65-601, Volume 1, *Budget Guidance and Procedures*, 24 October 2018

Air Force Instruction 90-201, *The Air Force Inspection System*, 20 November 2018

Air Force Follow-On Review 100930-060, *Protecting the Force: Lessons from Fort Hood*, 30 September 2010

Prescribed Forms

None

Adopted Forms

Air Force Form 847, *Recommendation for Change of Publication*

Department of Defense Form 2996, *Department of Defense Suicide Event Report*

Department of Defense Form 2870, *Authorization for Disclosure of Medical or Dental Information*

Abbreviations and Acronyms

ADLS—Advanced Distributed Learning Service

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFPD—Air Force Policy Directive

CAB—Community Action Board

CAF—Comprehensive Airman Fitness

CAP—Community Action Plan

CAT—Community Action Team

CFT—Community Feedback Tool

CSC—Community Support Coordinator

CSPM—Community Support Program Manager

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDI—Department of Defense Instruction

DoDSER—Department of Defense Suicide Event Report

DPH—Director of Psychological Health

MAJCOM—Major Command

MRT—Master Resilience Trainer

OPR—Office of Primary Responsibility

PME—Professional Military Education

RTA—Resilience Training Assistant

SAB—Suicide Analysis Board

SAPR VA—Sexual Assault Prevention and Response Victim Advocate

SARC—Sexual Assault Response Coordinator

UATM—Unit Ancillary Training Monitor

UTM—Unit Training Manager

VPI—Violence Prevention Integrator

VPPM—Violence Prevention Program Manager

Terms

Airman—Collectively refers to uniformed members of the United States Air Force, Department of the Air Force civilians, and members of the Civil Air Patrol when conducting missions for the Air Force as the official Air Force Auxiliary, unless otherwise stated.

Air Reserve Component (ARC)—The Air National Guard and the Air Force Reserve while in the service of the United States.

At-Risk—Individuals displaying risk factors that potentially place them at some risk for interpersonal and/or self-directed violence.

Bullying—An act of aggression by a military member or members, or DoD civilian employee or employees, with a nexus to military service or DoD civilian employment, with the intent of harming a military member, DoD civilian, or any other persons, either physically or psychologically, without a proper military or other governmental purpose. Bullying may involve the singling out of an individual from his or her co-workers, or unit, for ridicule because he or she is considered different or weak. It often involves an imbalance of power between the aggressor and the victim.

Case Management Group—A multi-disciplinary group that meets monthly to review individual cases of sexual assault, chaired by the installation or host wing commander. This group facilitates monthly victim updates and directs system coordination, accountability, and victim access to quality services.

Central Registry Board—The Central Registry Board makes administrative determinations for suspected domestic abuse and child maltreatment meeting DoD and Air Force definitions, determinations which require entry into the Air Force Central Registry database. These decisions are known as Incident Status Determinations.

Child Abuse—The physical or sexual abuse, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is intrafamilial or extrafamilial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed to be child abuse only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

Commander—An officer who occupies a position of command authorized by appointment or by assumption of command.

Community—Military and civilian personnel assigned to an Air Force installation or organization, their families, attached Reserve and Guard units, and retirees who utilize base services.

Community Action Board (CAB) —Senior leader-led decision forums (at Headquarters Air Force, MAJCOM, and installation level) that facilitate resilience and violence prevention (primary prevention) policy, practices, and programs.

Community Action Team (CAT)—Functions as the action arm of the Community Action Board to develop and implement resilience and violence prevention (primary prevention) policy, practices, and programs approved by the Community Action Board and that meet each community's unique needs.

Community Feedback Tool (CFT)—A biennial Air Force-wide community assessment tool that identifies community strengths and needs, trends key indicators of community health and well-being, identifies gaps, and assesses effectiveness of programs and activities. The Air Force Community Action Team ensures the execution of this assessment and disseminates results to all MAJCOMs and installations.

Community Support Coordinator (CSC)—Provides program management and serves as the subject matter expert for the Resilience Program. Community Support Coordinators also serve as the Community Action Board Executive Director and as the Community Action Team Chair.

Comprehensive Airman Fitness (CAF)—A holistic approach to fitness that includes fitness in the mental, physical, social, and spiritual domains. In practical application, Comprehensive Airman Fitness provides an integrated framework that encompasses and integrates many cross functional education and training efforts, activities, and programs that contribute to mental, physical, social, and spiritual fitness.

Dating Violence—Physical, sexual, psychological, or emotional violence within a dating relationship, including stalking. It is a form of intimate partner violence.

Department of Defense Suicide Event Report (DoDSER) —A report that characterizes Service member suicide data through a coordinated, web-based data collection system maintained by Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

Domain—A sphere of knowledge, influence, or activity.

Domestic Abuse—Domestic violence or a pattern of behavior resulting in emotional or psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is: 1. A current or former spouse, 2. A person with whom the abuser shares a child in common, or 3. A current or former intimate partner with whom the abuser shares or has shared a common domicile.

Domestic Violence—An offense under the United States Code, the Uniform Code of Military Justice, or State law involving the use, attempted use, or threatened use of force or violence against a person, or a violation of a lawful order issued for the protection of a person who is: 1. A current or former spouse, 2. A person with whom the abuser shares a child in common, or 3. A current or former intimate partner with whom the abuser shares or has shared a common domicile.

Evidence-Based—A conclusion based on rigorous research that has demonstrated effectiveness in achieving the outcomes that it is designed to achieve.

Evidence-Informed—Activities derived from prevention research, such as empirically supported theories, risk and protective factors, as well as established principles of prevention, and community and contextual factors. Evidence-informed activities have not yet been evaluated for effectiveness.

Family Advocacy Program—A DoD program designated to address child abuse and domestic abuse in military families and child maltreatment in Department of Defense-sanctioned activities in cooperation with civilian social service agencies and military and civilian law enforcement agencies. Prevention, advocacy, and intervention services are provided to individuals who are eligible for treatment in military medical treatment facilities.

Family Violence—Any form of abuse, mistreatment or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship. For the purpose of this publication, intimate partner and domestic violence and child maltreatment and abuse are collectively referred to as family violence.

Fitness—The relationship between one's behaviors and attitudes and their positive or negative health outcomes that results in a state of complete mental, physical, social, and spiritual well-being and not merely the absence of disease or infirmity.

(Added) Harassment—Behavior that is unwelcome or offensive to a reasonable person, whether oral, written, or physical, that creates an intimidating, hostile, or offensive environment.

Hazing—Any conduct through which a military member or members, or a DoD civilian employee or employees, without proper military or other governmental purpose but with a nexus to military service or DoD civilian employment, physically or psychologically injure or create a risk of physical or psychological injury to one or more military members, DoD civilians, or any other persons for the purpose of: initiation into, admission into, affiliation with, change in status or position within, or as a condition for continued membership in any military or DoD civilian organization.

Headquarters Air Force—The Headquarters Air Force is comprised of both Secretariat and Air Staff Offices.

Healthcare Personnel—Individuals who provides direct healthcare services to military health system beneficiaries in military medical treatment facilities.

Healthcare Provider/Personnel—Individuals who provides direct healthcare services to military health system beneficiaries in military medical treatment facilities.

Helping Agencies—Includes, but is not limited to, Mental Health, Chaplains, Family Support, Family Advocacy, Law Enforcement, Legal, Health Promotion, Substance Abuse, Drug Demand Reduction, Equal Opportunity, Youth Programs, and Senior Enlisted Advisor personnel.

Helping Professionals/Agencies—Includes, but is not limited to, Mental Health, Chaplains, Family Support, Family Advocacy, Law Enforcement, Legal, Health Promotion, Substance Abuse, Drug Demand Reduction, Equal Opportunity, Youth Programs, and Senior Enlisted Advisor personnel.

Interpersonal Violence—Intentional use of physical force or power, threatened or actual, against a person or group that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. This includes sexual assault, dating violence, family violence (e.g., intimate partner and domestic violence, child maltreatment and abuse), and workplace violence (e.g., workplace harassment, sexual harassment, hazing, and bullying). For the purpose of this publication, intimate partner and domestic violence and child maltreatment and abuse are collectively referred to as family violence. Workplace harassment, sexual harassment, hazing, and bullying are collectively referred to as workplace violence.

Interpersonal violence does not include any violence that is connected to requirements within the context of the profession of arms.

Intimate Partner Violence—Physical violence, sexual violence, stalking, and/or psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple, or familiarity and knowledge about each other's lives.

Leadership—For the purpose of this instruction, leadership refers to all personnel in leadership or supervisory positions or who are responsible for services to improve the welfare and/or development of others. This would include, but not be limited to, Commanders, First Sergeants, and supervisory members in the rank of Staff Sergeant or GS-7 and above.

Limited Privilege Suicide Prevention Program—Air Force members enrolled in the Limited Privilege Suicide Prevention program are granted limited protection with regard to information revealed in, or generated by their clinical relationship with mental health providers in accordance with Air Force Instruction 44-172, *Mental Health*.

Maltreatment—A general term encompassing child abuse or neglect and partner abuse or spouse neglect.

Master Resilience Trainer (MRT)—An individual trained to deliver resilience training.

Mental Fitness (Domain)—The ability to effectively cope with unique mental stressors and challenges.

Non-Clinical—Generally means not diagnosing, prescribing, counseling, treating, providing direct patient care of any type, or using clinical tools and practices to assess a person's mental or physical health that is otherwise reserved for licensed or certified medical and social work personnel.

Personally Identifiable Information—Information which would disclose or have a tendency to disclose the person's identity. Identifying personal information includes the person's name or a particularly identifying description (i.e., physical characteristics or identity by position, rank, or organization), or other information about the person or the facts and circumstances involved that

could reasonably be understood to identify the person (e.g., a female in a particular squadron or barracks when there is only one female assigned).

Physical Fitness (Domain)—The ability to adopt and sustain healthy behaviors needed to enhance health and well-being.

Postvention—Response activities that should be undertaken in the immediate aftermath of a suicide that has impacted the unit. Postvention has two purposes: to help suicide attempt survivors cope with their grief and to prevent additional suicides. It also may provide an opportunity to disseminate accurate information about suicide, encourage help-seeking behavior, and provide messages of resilience, hope, and healing. Also known as “tertiary prevention.”

Prevention—1. Primary Prevention aims to prevent violence before it ever occurs. Primary prevention efforts focus on reducing risk factors and strengthening protective factors. 2. Secondary Prevention provides early detection and prompt intervention to provide short-term solutions for survivors and consequences for abusers. The goal is to minimize the short-term consequences of violence and prevent further occurrences. 3. Tertiary Prevention aims to reduce further complications of an existing problem by providing on-going support to victims and on-going accountability to abusers. The goal is to provide treatment, support and rehabilitation to address the long-term consequences of violence.

Prosocial Behavior—Voluntary actions that are intended to help or benefit another individual or group of individuals.

Protective Factor—Conditions or attributes (i.e., skills, resources, support systems, or coping strategies) that allow individuals, families, and/or communities deal more effectively with and/or reduce the likelihood of personal violence. Protective factors enhance resilience and may serve to counterbalance or mitigate risk factors. Protective factors may be personal (e.g., attitudes, values, and norms prohibiting suicide) or external or environmental (e.g., strong relationships, particularly with family members).

Public Health Approach—A prevention approach that impacts groups or populations of people versus treatment of individuals. Public health focuses on preventing personal violence before it ever occurs (primary prevention), and addresses a broad range of risk and protective factors. The public health approach values multi-disciplinary collaboration, which brings together many different perspectives and experience to enrich and strengthen the solutions for the many diverse communities.

Reserve Components—Reserve Components of the Armed Forces of the United States are the Army National Guard, Army Reserve, Naval Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

Resilience—The ability to withstand, recover, and grow in the face of stressors and changing demands.

Resilience Program—Led by Community Support Coordinators, equips Airmen with the knowledge, skills, and tools required to continually assess and adjust to their environment. The program empowers Airmen to maintain the necessary balance of cognitive skill, physical endurance, emotional stamina, social connectedness, and spiritual well-being to thrive and carry out the Air Force mission.

Resilience Training Assistant (RTA)—Individuals trained to assist installation Master Resilience Trainers in delivering unit resilience training.

Responders—Includes first responders, who are generally composed of personnel in the following disciplines or positions: Sexual Assault Response Coordinators, Sexual Assault Prevention and Response Victim Advocates, healthcare personnel, law enforcement, and Military Criminal Investigative Organizations. Other responders include Judge Advocates, Chaplains, and Commanders, but are usually not first responders.

Retaliation—1. The taking or threatening to take an adverse personnel action, or withholding or threatening to withhold a favorable personnel action, with respect to a military member because the member reported a criminal offense or; 2. Ostracizing a military member, to include excluding from social acceptance, privilege or friendship with the intent to discourage reporting of a criminal offense or otherwise discourage the due administration of justice or; 3. Maltreating a military member, to include treatment by peers or by other persons, that, when viewed objectively under all the circumstances, is abusive or otherwise unnecessary for any unlawful purpose, that is done with the intent to discourage reporting of a criminal offense or otherwise discourage the due administration of justice, and that results in physical or mental harm or suffering, or reasonably could have caused physical or mental harm or suffering.

Risk Factor—Conditions or attributes (e.g., relationship difficulties, substance abuse, legal, financial, medical, mental health, and occupational problems) that make it more likely individuals will develop a disorder or pre-dispose one to high-risk personal violence. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Self-Directed Violence—Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. This includes acts of fatal and nonfatal suicidal behavior, and non-suicidal self-injury.

Sexual Assault—Intentional sexual contact, characterized by use of force, threats, intimidation or abuse of authority or when the victim does not or cannot consent. The term includes a broad category of sexual offenses consisting of the following specific Uniform Code of Military Justice offenses: rape, sexual assault, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these acts.

Sexual Assault Prevention and Response Victim Advocate (SAPR VA)—A person who, as a victim advocate, provides non-clinical crisis intervention, referral, and ongoing non-clinical support to adult sexual assault victims. Support will include providing information on available options and resources to victims. The Sexual Assault Prevention and Response Victim Advocate, on behalf of the sexual assault victim, provides liaison assistance with other organizations and agencies on victim care matters and reports directly to the Sexual Assault Response Coordinator when performing victim advocacy duties.

Sexual Assault Response Coordinator (SARC)—The single point of contact at an installation or within a geographic area who oversees sexual assault awareness, prevention, and response training; coordinates medical treatment, including emergency care for sexual assault victims, and tracks the services provided to a victim of sexual assault from the initial report through final disposition and resolution.

Sexual Harassment—Harassment on the basis of sex is a violation of Title 42 United States Code, Chapter 21, Sections 1981 – 2000h-6. Unwelcome sexual advances, requests for sexual favors,

and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Social Fitness (Domain)—The ability to engage in healthy social networks that promote overall well-being and optimal performance.

Spiritual Fitness (Domain)—The ability to adhere to beliefs, principles, or values needed to persevere and prevail in accomplishing missions.

Stakeholder—An individual or organization involved in, has a vested interest in, or is affected by the outcome of actions and decisions.

Strength-Based—An approach that emphasizes on an individual's and/or community's positive qualities, skills, and resources to resolve problems and encourage health promoting interactions.

Suicide—Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide Attempt—Any nonfatal, self-directed, potentially injurious behavior accompanied by evidence of intent to die which as a result of the behavior, results in medical care/treatment (including mental health care) or evacuation from the Area of Responsibility. A suicide attempt may or may not result in injury.

Suicide Prevention and Risk Reduction Committee—The Suicide Prevention and Risk Reduction Committee provides a forum for the Departments of Defense and Veterans Affairs to partner, collaborate and coordinate suicide prevention and risk reduction efforts. Members include suicide prevention program managers from each of the services and representatives from the National Guard Bureau, Reserve Affairs, Veterans Affairs, Office of Armed Forces Medical Examiner, National Center for Telehealth and Technology, Substance Abuse, and Mental Health Services Administration and others.

Total Force—Air Force uniformed members (Regular Air Force, Reserve, Air National Guard, other Military Services) and their families, and Air Force civilian personnel (appropriated and non-appropriated funded).

Violence—For the purpose of this instruction, violence refers to all actions, by individuals or groups of individuals, which bring damage to body, mind, or spirit of any Total Force member.

Violence Prevention Integrator (VPI)—Provides program management, subject matter expertise, and consultation for violence prevention (primary prevention) programs and activities at the MAJCOM (when applicable) and installation level, and participates on the Community Action Board and Community Action Team.

Violence Prevention Program—Led by Violence Prevention Integrators, focuses on the primary prevention of interpersonal and self-directed violence—stopping it before it occurs. The program collaboratively identifies, implements, and assesses public health-informed and evidence-based prevention policy, practices, and programs to eliminate interpersonal and self-directed violence, optimize Airmen well-being and performance, and sustain and enhance a ready Total Force.

Violence Prevention Trainer—An individual trained and qualified to provide violence prevention (primary prevention) training.

Well-Being—A state of being characterized by a sense of purpose and hope, positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), general life satisfaction, fulfillment, and positive functioning.

Wingman—A term used to describe one individual looking out for another, anticipating difficulties and responding to maintain the welfare of a fellow Wingman. The Wingman's role is to add an element of mutual support that aids situational awareness and decision making, increasing the ability to successfully prevent or resolve difficulties.

Wingman Concept—A culture of Airmen taking care of Airmen whether in uniform or not.

Workplace Violence—Any act of violent behavior, threats of physical violence, harassment, intimidation, bullying, verbal or non-verbal threat, or other threatening, disruptive behavior that occurs at or outside the work site. For the purpose of this publication, workplace harassment, sexual harassment, hazing, and bullying are collectively referred to as workplace violence and can be oral, visual, written, physical, and electronic and can occur over social media in accordance with DoDI 1020.04.